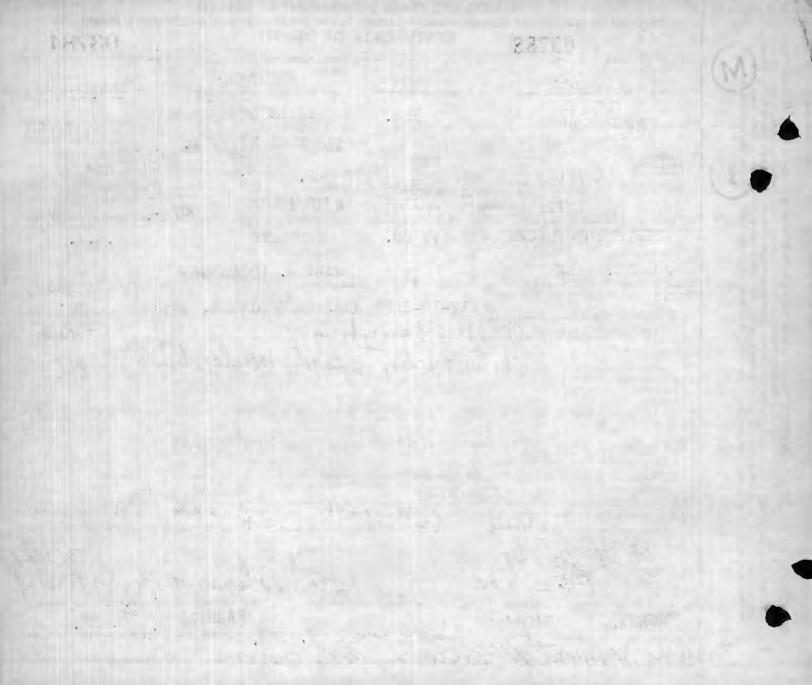
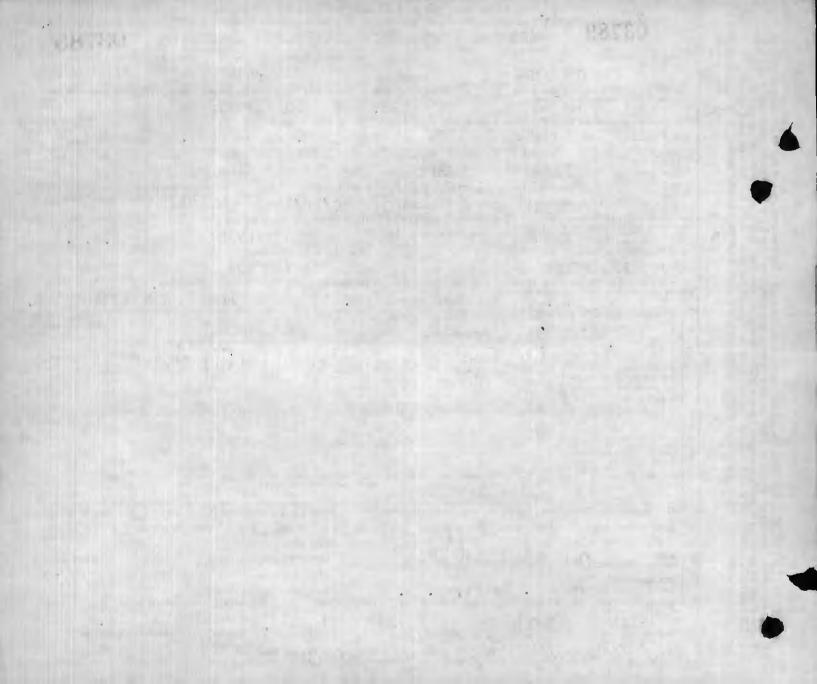
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MARYLAND STATE DEPARTMENT OF HEALTH

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE **FOR STATE** OF DEATH **REALTH DEPT** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY director. Page or your files. . STATE MARYLAND b. COUNTY WASHINGTON WASHINGTON BURNIERUS b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) HAGERSTOWN YRS. HAGIRSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARME COHNTY 5 S. POTOMAC ST. YES T NO T 3. NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) JACOF DEATH MARCH 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. ithin 24 nour.
Cive Pages 1, 2, and form PM3. Page 5 me.
File pages 1 and 2 with last birthday) Months Hours WIDOWED DIVORCED 7 5 ms. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 100 done during most of working life, even if retired) RETIRED FARMER FARM PENNSYLVANTA 11.5.1. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH BAKEF MARY KING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address = 9 "in pencil in Item 18, Go Office along with form burial-transit permit. Fi Imoval, and in any eve (Yes, no or unkown) | (Ifyesgive war or dates of service) MR. WILLIAMSPORT MD. NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which gave rise to immediata cause "pending" N 0 DUE TO (a), stating the underlying Examiner as causa feet cremation, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part III of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (Steta) Not While fectory, street, office bldg., etc.) While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER X DATE SIGNED SIGNATURE EPUTY DEPUTY MEDICAL EXAMINER Howard N. Weeks, M. D. NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (State) REMOVAL (Specify) 40 6 23 FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. ATSME Outline & Housenes DATE SM 9/60



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY MARYLAND WASHINGTON b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) director, For your Board of I write RURAL and give naerast town) PLACE OF HAGEBSTOWA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? J. NAME OF ON TIRE CO. F. WILSON BLYD YES NO X EAST DECEASED OF (Type or print) DEATH LAYTON 19 62-DEACHLEV MARCH, LOwith 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In yeers end (last birthday) Months EN WIDOWED DIVORCED Z yes. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) TIRE KEPAIRMAN-KOLL ON TIRE CO. MOTHER'S MAIDEN NAME WASH . CO - MD, 4 S.A. pages I 17. INFORMANT RIE WACAMAN VER IN U.S. ARMED FORCES? 16. 5 1 16. SOCIAL SECURITY NO.1 12 EAST BALTIMORE ST (Livesgive war or dates of service) (Yes, no, or unkown) ES KEG AKMY 215-34-393/ MPS DALLY BEACHLEY HAGERSTOWN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fracture Of Skull Instant pencil IMMEDIATE CAUSE (a) Office DUE TO burial removal, Conditions, if any, which gava rise to immediate cause DUF TO (e), sleting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19, WAS AUTOPSY PERFORMED? 2 NO Medical 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. le inflating tube tire blew up.
20d. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, 20f. (City or town) WEDICAL Month, Day, Year fectory, street, office bldg., etc.) Whila Not While et work et work Place of employment. p.m. 3-16-62 19 Hagerstown. Washington. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry and in my opinion Suicide Undetermined manner death resulted from: Natural causes Accident y Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED should be for FUNERAL D ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Typa) Dr. E. W. Ditto. Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) ö 0 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME OOKSBORD DATE MAR 2 2 '62 arthur S. Traus 5M 7/59

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY Penna. Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporele limits, write RURAL end give neerest lown) write RURAL and give nearest town) Waynesboro Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 72 Mt. Vernon Terrace Washington Co. Hospital 3. NAME OF 4. DATE Middla DECEASED (Type or print) DEATH Pierce Beaver March 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR B. DATE OF BIRTH lest birthdey} Months WIDOWED DIVORCED June 17, 1907 Male 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired Franklin Co., Penna. Landia Tool Co. Machine Sales 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. Gross Beaver Drucie M. King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, no, or unkown) | (Ifyes give we rordetes of service) Mrs. Pierce E. Beaver Waynesboro, Penna. B21 09 7401 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) YEn friculture for brillation (pro bribls) (b) anterioscherbie (coming) / teurt Disense geve rise to immediate cause **DUE TO** (e), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture dinjery in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, streat, office bldg., etc.) Not While Hour e.m. et work 21. I certify that (I) (this hospital) attended the deceased from 6-10, 1961, to 3-3, 1963 that (I) (we) last 22n. SIGNATURE ATTENDING DIRECTOR th. Page 4 22d. ADDRESS 22c. PHYSICIAN'S 15H W. WASHINGTON HAGERSTOWN - MD 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Waynesboro, Franklin, Penna. Burial Green Hill 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL-DIRECTOR'S SIGNATURE VR A15 (4) Outling S. Trans 6 '62 15M 9/60 Waynesboro. Penna. DATE MAR

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 03792 funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) & COUNTY a. COUNTY Washington Washington Maryland \$ C MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN III outside corparete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 15 write RURAL and give neerest town) ,5 Lifetime Hagerstown Maryland Hagerstown, Md. filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) A STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Washington County Hospital Jonathan Street pletely 3. NAME OF 4. DATE OF Month Dev Year Middle DECEASED DEATHMAT (Type or print) Charles Summer Bell Sr. 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH last birthday) Months | Days Male Colored DIVORCED Teb WIDOWED physician attending physician Then please remove 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Hotel Porter Hagerstown, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Bell Margaret Broom. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Yes, no, or unkown) | (If yes give wer or detes of service) Mrs Margaret 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chronic valvular heart disease with vr IMMEDIATE CAUSE (a) congestive failure DUE TO Conditions, if eny, which (6) geve rise to immediate cause DUE TO (a), stating the underlying #e has cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY 8 0 PERFORMED? NO X CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Peri I or Pert II of ilem 18.) 2De. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De. PLACE OF INJURY (Home, farm, (County) (Stete) 2Dc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2Df. (City or town) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work DIRECTOR: March 21. I certify that (I) (this hospital) attended the deceased from Jan. saw the deceased alive on Narch 22b. DATE 22a. SIGNATURE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Washington Street Kneigley. filed v 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cimiler 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 arthur S. Kraus DATE ADR 3

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY TO A SUTTEGTON a STATE MERYLEND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) white Kary and hink hedies family MIM Z YPS. HAGERSTOEN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? AVALOU MANOP YES NO . 3. NAME OF Middle 4. DATE Year DECEASED GFORGI (Type or print) MISS DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last buthday) WIDOWED [DIVORCED 10a. USUAL OCCUPATION iGive kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 7.5.1. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY M. SUMMEES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, ar unkown) | (If yes givewar or dates of service) MISS MAI 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ctitlen Thrombe ses abe 1 24 hours IMMEDIATE CAUSE (a) frammirard a content anteriosclassis Hypentrusica an union desare Aba Ker v 120 Conditions, if any, which gave rise to 'mmediate ceuse I-las Kennevse **DUE TO** (a), stelling the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS ALTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury in Part I or Part II of ilem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) White Not While Hour a.m. el work at work 21. | certify that (I) (this hospital) attended the deceased from 12-11, 195, to 3-3, 196 w that (I) (we) last 22a. SIGNATURE ATTENDING. SIGNED John It Ito rules leves DIRECTOR PHYS. PHYS. M.D 154 W. Washington St., 22c. PHYSICIAN'S John H. Hornbaker, M.D. 22d. ADDRESS NAME (Type) Hagerstown. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) 23m. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) MUDE HILL ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] 15M 7,61



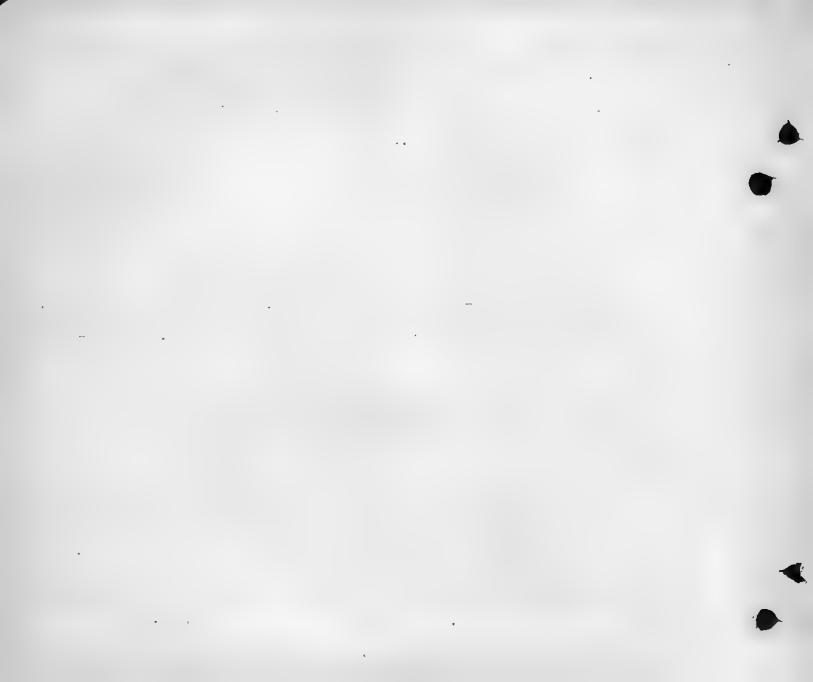
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND



CERTIFICATE OF DEATH 03795Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) COUNTY o STATE Baton Rouge Washington, Ft Ritchie. Cascade MARYLAND Louisianna b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Ft Ritchie, Maryland P Baton Rouge, Louisianna d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION US Army Dispensary, Ft Ritchie, Md., Route #5 Box#32 YES NO X NAME OF 4. DATE Middle Month DECEASED HERMAN BROOKS JR DEATH March (Type or print) 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED X B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Male Neg DIVORCED [7] WIDOWED [19 Jun 43 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? US Army Fix Sta Rec Repmn Oscar, Louisianna United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HEHMAN BROOKS SR MARY G. FEDINAND (Deceased remove 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Yes 1,39-625607 From Army Records By WILLIAM T CUZICK, CAPT, MSC 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ቕ DEATH WAS CAUSED BY Cardiac Arrest following Grand Mal seizure. 10-15 min IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPS PERFORMED? YES 🔲 NO 🔀 20g. ACCIDENT WAS UNDERLYING ARCONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) factory, street, office bldg , etc.) While Not while of work Hour a.m. 21. I certify that I attended the deceased from 16 March 19.62, tothat I last saw the deceased 16 March , and that death occurred at 9:05 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE Fort Ritchie, Cascade, Maryland-3 PHYSICIAN'S PATRICK J FERRARO, CAPT., MC NAME (Type) US ARMY DISPENSARY, FORT RITCHIE, MARYLAND ᄦᇭ 220 BURIAL, CREMATION, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) St. Mark's Cemetery Glenn, La. ADDRESS 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Waynesboro, Penna. DATES 1 9 62 Orthon & To HA 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MFALTH DEPT. 1. PLACE OF DEATH UFUAL RESIDENCE (Where deceased I ved, if institution: Residence before edmission) e. COUNTY b. COUNTY files. Health Washington Washington Maryland MARYLAMD b. CITY OR IOWN (if outside corporete limits, c. LENGTH OF STAY CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town? Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, g've street edde d STREET ADDRESS S RESIDENCE ON A FARM? 425 George Street DOA Washington County Hospital YES NO X 3. NAME OF DATE Month Yeer DECEASED DEATH March 27 19 62 (Type or print) Robert Brooks Day 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B DATE OF BIRTH 5 SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Hours white 25 May 1892 Male WIDOWED X DIVORCED T 10e USUAL OCCUPATION IG ve kind of work done during most of working life, even if refired) Fairchild Aircraft 106 KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? West Virginia TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Catherine Kees Luther Bush Brooks TS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AddresMartinsburg, W.Va. (Yes, no, or unkown) , (If yes give wer or detes of service) 235-12-16874 Mrs. George Beard 627 Faulkner Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMED ATE CAUSE (e) Second, third and fourth degree burns involving few minutes more than 60% of the body Conditions, if eny, which geve rise to immediate cause **DUE TO** (a), stering the underlying PART II, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 61 19. WAS AUTOPSY CERTIFICATION PERFORMED? Paralytic, it was necessary to use cane and crutch to ambulate NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING Possibly smoking in bed

20d. INJURY OCCURRED 20. PLACE OF IN.URY (Home, farm, 20f. (C.ty or town, while Not While fectory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 3-27- 19 62 of work at work w Hagerstown, Washington, Md. 7 .30AM p.m. Home 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , inquiry , and in my opinion death resulted from. Natural causes Accident -Surcide Homicide Undetermined manner xecute the xecuted be forwarded CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER -EXAMINER'S W. Ditto, Jr., M. D. Addo NAME (Type) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Martinsburg, Berkeley, W.Va. 3/29/62 Burial Rosedale Cemetery 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE YS. A15ME arthur S. France Andrew K. Coffman Hagerstown Md. MAR 3 0 '62 SM 7/59 DATE



		W. PRESTON STREET, BALTIMORE 1, MARYL	79
W	PLACE OF DEATH 2. UI	SUAL RESIDENCE (Where deceased lived, If institution: Residence b	
- **	a. COUNTY Washington Maryland a.	STATE Maryland b. COUNTY Anne Ar	uin
- -	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c.	CITY OR TOWN (If outside corporate fimits, write RURAL and give neer	rest to
	write RURAL and give nearest town) Hagers town	Annapolis 62	X.
1-		STREET ADDRESS	ı. IS
	Western Maryland State Hosp.	Ferry Forms	ON YES [
100	NAME OF First Middle	Last 4 DATE Month Day	Ye
	Type or print) The adams (1: Ct. RI	OF DEATH 3 24	10
1 1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE		UND
!			lours
1	On. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11.	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF W	VHA1
	done during most of working irle, even if retired) (umberland, Laryland U.S.A	Α.
1	*A 12 31 32	OTHER'S MAIDEN NAME	
		nily Catherine Hoover	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORM	MANT Address	
10	Yes an an archeunt (Managiranapandatanafanada)	H. Marion Lazenby Same	
-	18. CAUSE OF DEATH Enter only one cause per harder (e), (b), and (c).	INTERV	/AL I
	PART I. DEATH WAS CAUSED BY:	LEUMOMA PASET	X
	IMMEDIATE CAUSE (6)		661
	Conditions, if eny, which & (b) Chrowic L	- Carro Com danna 4	4
		-ram syndrome 4	1
	(e), stelling the undertying DUETO Cerebral a	rteriosclerosis 4	45
		TENTO THE TENN NA DISEASE CONDITION CIVEN IN DADY 1(4) 10	Z.
	A A A A A A A A A A A A A A A A A A A	The terminal disease constition diversity and its	PER
18	femeralised anchies	elezo 318	<u></u>
0.00	OR CONTRIBUTING CAUSE OF DEATH	neture of injury in Pert I or Pert II of item 18)	
-	I (IF EITHER, NOTIFY MEDICAL EXAMINER)	111111111111111111111111111111111111111	
2	for the second s	NJURY (Home, form, 20f. (City or town) (Counly, etc.)	
237	p.m. 19 el wark et wark		
	21. I certify that (I) (this hospital) attended the deceased from	c. F 196/ to March 24.19.62 that	
	saw the deceased alive on March 24	occured at. P M, from the causes and on the date	
	22a. SIGNATURE	TTENDING MED. STAFF	. , 2
	House 6. Chesty MD. Pt	145. DIRECTOR PHYS. D. March 29	4.
1	22c, PHYSICIAN'S NAME (type)	d. ADDRESS DOWNER AND HEART TO	20 /
	1 JUNG ELHUN	1500 penna /100	V
3	30. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CRE		_
	Purial 3-27-62 Loudon Park	Boltimore, Marylan	nd
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUR	ŧ
16	John O. Mitchell & Sons, Inc. 1900 En	uta BATELAR 27'62 wilm 8. Hissa	
y '-	Place		



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	MARYLAND
s after shoots	ī.	PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, if institution a. COUNTY b. COUNTY b. COUNTY	on, Residence before edinission
by the	. _	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL)	Land give neerest town)
	1	d. MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) ASHENCE OF TO STREET ADDRESS 1221 NORRESS 12	ON A FARMY YES NO
pletely apers		NAME OF DECEASED (Type or print) ADDA SR Last ADDA SR LAS	Dey Yeer 2 19 6 2
n and e carb ent, with		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (in years IF UND Month Via. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE, County & Steve, or foreign country) 12.	
certifica physicia e removi	do	one during most of working life, even if retired) 14 GONSTOLED - WAS 14 (6. 1%) FATHER'S NAME	USA
tending en please		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ea, no., or unknown) (Ifyes give were roadses of service)	NGCL
is that the is now the strain. The strain of		18. CAUSE OF DEATH (Enter only one cause py line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:	PLINES INTERVAL BETWEEN ONSET AND DEATH
v require g physic signed I ansit pe lation, or		MMAEDIATE CAUSE (a) DUE TO CTU 1	
The lay attendin as been burial-tr ial, cremial-		Conditions, if any, which (b) geva rise to immediate causa (a), stating the undarlying causa lest.	\$1 To 100 To
ICIAN: spital or fificate hise as the or to bur	CATION	PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	PART 1(e) 19. WAS AUTOPSY PERFORMED?
PHYS the ho this cer ad for us	CERTIF	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ENDING Isained by RE: After a detach pt. of He	MEDICAL	Hour e.m. While Not While factory, streat, office bldg., atc.)	(County) (State)
RECTC State De State De		saw the deceased stive on	19, that (I) (we) last on the date stated above 22b. DATE SIGNED
ITXL oage 4 milk the		ATTENDING MED. STAFF PHYS. 22c. PHYSICIAN'S NAME (Type) WED. STAFF PHYS. 22d. ADDRESS NAME (Type)	
HOSP the Property of lifector,	23	PEMOVAL (Specify) 3-4-62 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or conference) 123d. LOCATION (City) 123d.	oyaly) (State)
VR A15 (4) 15M 9/60	24	ADDRESS 258. REC'D BY REGISTRAR 256.	100 //
	*=- -/-	1-6363	



1 20	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
	03799 CERTIFICATE OF DEATH 037	95
a 24 hours after filled in by the funeral Pages 1 and 2 should urs after death.	PLACE OF DEATH COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give neers) HACE ITSTAWN 2. USUAL RESIDENCE (Where deceesed lived, If institution; Residence be a STATE b. COUNTY MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give neers) HACE ITSTAWN 18 DAYS 2. USUAL RESIDENCE (Where deceesed lived, If institution; Residence be a STATE b. COUNTY MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give neers) HACE ITSTAWN	
oe executed of the pletely within 72 hours TR.	NAME OF DECEASED (Type or print) SEX A TO IN ETTE SHAFER CHANKY DEATH MARCH 7. SEX A COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE IN years IF UNDER I LEAR IF	Year 19 6 2 UNDER 24 HRS.
nath certificate being physicien and lease remove card d in any event, w	EMALE WHITE WIDOWED DIVORCED FUCUST, 29 - 1868 93 yrs. 6 8 USUAL OCCUPATION (Give kind of work to during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (County & Siate, or foreign country) 12. CITIZEN OF W BOOMSBORD WASH, Co. MDL U. S.A. FATHER'S NAME	HAT COUNTRY?
aw requires that the de ing physician. In signed by the attendi transit permit. Then pl smation, or removal, an	WARD EAST BOURNE CHANGY WAS DECEASED EVER IN J S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT ANNIE WATSON Address s, no, or unknown) [(Ifyes give wer or dates of service)] NONE CAUSE OF DEATH Tenter only one cause per ine for (e), b), and (c) that the service of the	AL BETWEEN AND DEATH
PHYSICIAN: The latter the hospital or attend this certificate has been ad for use as the burial, creath prior to burial, creath prior to burial, creath	DUE TO (a), stating the underlying DUE TO cause last. (c) PART II OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH JUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. YES 20e. ACCIDENT WAS UNDERLYING 4 20b. DESCRIBE HOW INJURY OCCUPED. (Enter nature of miury in Part II of Idem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	WAS AUTOPSY PERFORMED?
INT. OR ATTENDING aged may be retained to RAL DIRECTOR. Page 3 should be detache with the State Dept. of He	20c. TIME OF INJURY Hour e.m. p.m. 19 20d. INJURY OCCURRED 20e PLACE OF NJURY (Home, farm. [ectory, street, office bldg., etc.] 21. I certify that (I) (this hapital) attended the deceased from 19 21. I certify that (I) (this hapital) attended the deceased from 19 22e. SIGNATURE ATTENDING ATTENDING MED. DIRECTOR PHYS. 22d. ADDRSSS NAME (Type)	(Stete) (I) (we) last stated above. 22b. DATE SIGNED
SOH OT VR A15 4) 15M 7 61	BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City, town or gounty)	(State)



W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) e. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 14m2mo5-Juset IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO 3. NAME OF DECEASED DEATH MAYCA (Type or print) AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED last birthday) 10a USUAL OCCUPATION (G. Va kind of work 12, CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & country done during most of working life, even il refired). 74.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Chambersburg Penna (Yes, no, or unknwn) (Hyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL SETWEEN PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART J. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (Steta) 20c. TIME OF INJURY (County) Month, Day, Year factory, street, office bldg., etc.) Not While While Hour e.m. at work at work p.m. (1) Ahis hospital) attended the deceased from 1-22 1962 and that death occurred at 3.2M, from the causes and on the date stated above. saw the deceased alive on . .-22b. DATE 22a, SIGNATURE ATTENDING SIGNE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (C ty, town or county Ty 23a. BURIAL, CREMATION, 1 23b (Stelle) REMOVAL (Specify) Half Hagerston-Cenetery wav ADDRESS 25m, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 7/61 fnan Hagerstown DATE MAR 2 7 '62 arthur & Thousa

funeral should

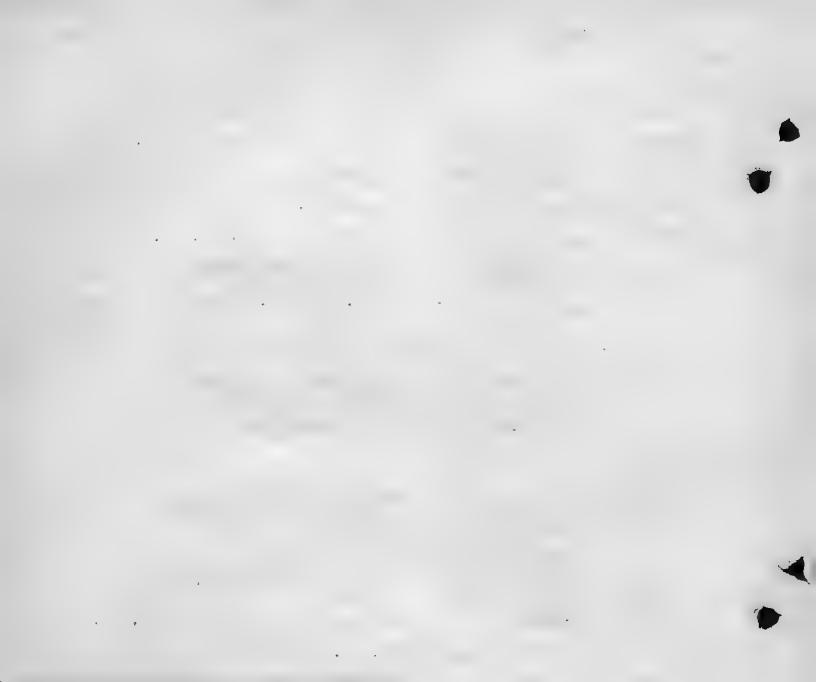


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03801 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Washington Md. Wash. MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c, City OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town! Vears Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 34 N. Locust St. N. Locust St. YES NO 3. NAME OF Middle 4. DATE Month Yeer DECEASED Revnolds Parker Di vens March 30. (Typa or print) DEATH 6. COLOR OF RACE 17. MARRIED WEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months Days Hours white Oct. 22. male WIDOWED -DIVORCED [7] 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 6 6 Knobsville, Penna. shee mfg. finisher 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lennuel Divens Maude Myers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknwn) | (If yes give wer or dates of service) -09-5773 Melvin C. Rager, Hagerstown, no 18. CAUSE OF DEATH [Enter only one couse per line for the (b) INTERVAL BETWEEN ONSET ATO DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT COND HONS CONTRIBUTING TODEANY BUL NOT SELLATED T THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not Whila While Hour a.m. et work el work p.m. 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. and that death occured at. saw the deceased_alive 22e. SIGNATURE ATTENDING 1/ STAFF PHYS. DIRECTOR PHYS. 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OF 23a. BURIAL, CREMATION, | 23b. DATE THEREOF CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Cemetery Rose Hagerstown, Md. 2 - 62burial 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Scott F. Minnich & Son, Hagerstown, Md. Cillian S. Through DATE

OB

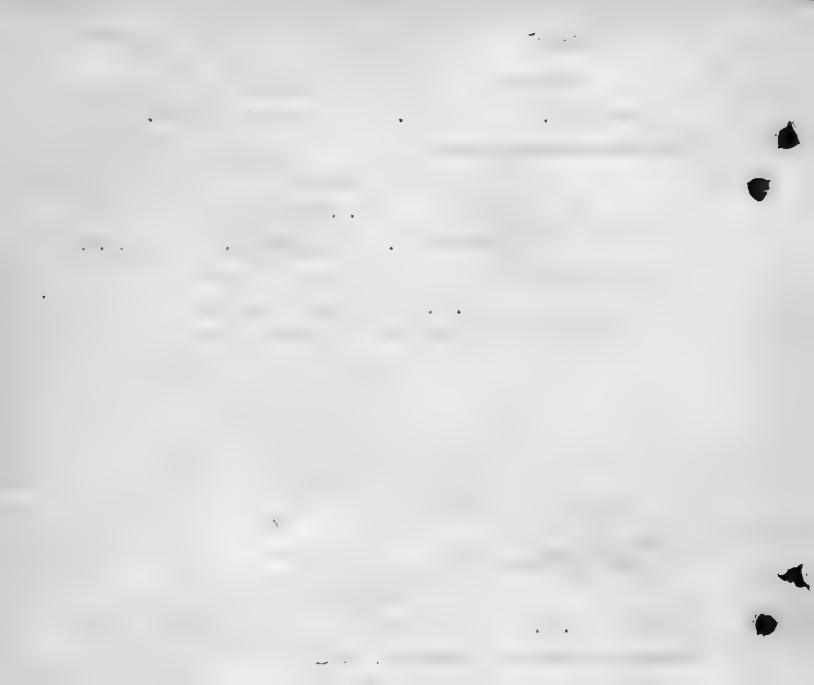


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03802 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY Washington Maryland Washington MARYLAND the day c. CITY OR TOWN (floutside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (f outs da corporate , imits, c LENGTH OF STAY IN 16 write RURAL and give necrest fown) Hagerstown Hagerstwon vears d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not an hospital, give straet eddress) e. IS RESIDENCE ON A FARM? YES NO Jefferson Blvd. Washington County Hospital J. NAME OF 4. DATE Middle DECEASED DEATH (Type or print) 1962 Clarence Edward Easterday March 9. AGE (In years | IF JNDER 1 YEAR IF JNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED X NEVER MARRIED 8. DATE OF BIRTH 5. SEX lest birthdey) Months Deys DIVORCED April 20. 1877 WIDOWED [Male White 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY, 11 B RTHPLACE County & State, or fore gn country) , 12, CITIZEN OF WHAT COUNTRY? done during most of working life, over if retried) Retired Farmer Farming Near Wolfesville, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lawrence Easterday Ellen Herr 15. WAS DECEASED EVER NUS. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT (Yas, no. or unknwn) (If yes give wer or detes of service) 214-10-3455 Mrs. Olive M. Easterday Hagerstown. 18. CAUSE OF DEATH [Enter on y one cause per line for (e), (b], and ,c].] INTERVAL BETWEEN ONSET AND DEATH Nentricular fibiliation PART I. DEATH WAS CAUSED BY Minutes IMMEDIATE CAUSE (e) Arteriosclerotic heart disease Indefinite DUE TO Conditions, if eny, which gave rise to immediate cause Gangrene, left leg with above knee amoutation (e), steting the underlying due to generalized arteriosclerosis PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A JTOPSY PERFORMED? Carcinoma of rectum, treated 1952 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of I'em 18.) 200 ACC DENT WAS JNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (County) 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office b dg , etc.) Not While Whie Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from 7-5-52 to.death....., 19....., that (I) (we) last .. , and that death occured 8:23 M. from the causes and on the date stated above. saw the deceased alive on...... 22m. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S Hagerstown, Md. Robert F. Keadle. M. D. 23d, LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 3-10-62 Rest Haven Cemetery Hagerstown. Md 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE MAR 1 2 '62 athur S. Kines 15M 9/60 F. Minnich & Son Hagerstown, Md.





1	- 1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
الم الم		03804 CERTIFICATE OF DEATH 03500
shoul fune		1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY
4 hours	기	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Washington C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
illed in lages 1 rs after	1	Hagerstown Md. 12 Hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM
spers how		Washington County vHospital NAME OF Last 1. DATE Month Day Year OF OF Month Day
exe of		(Type or print) Evelyn Holmes Ebersole 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in Years IF UNDER 1 YEAR IF UNDER 27 HR. leat birthday) Months Days Hours Min.
ficate tician an		The USUAL OCCUPATION (G've kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY
ith certi		Labor Laundry Mat. Baltimore Md. U.S.A. 13. FATHER'S NAME U.S.A.
the dea stendin hen ple al, and		Warren M Seymore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [Hyesgivewerordatesactservice)] Martha E Holmes Address Md.
ian. yy the a		No 214.09.8388 Richard M EbersoleRural Williamsport
physic physic igned I nsit per		(MMEDIATE CAUSE (a) Cerebral Hemorrhage 12hrs
he law tending been s urial-fra		Conditions, if any, which gave rise to Immediate cause (a), stating the underlying DUE TO
N: T or at or at the has the burial		ceuse last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
CCIA inficati e as r to		None YES NO [
PHYSI the hos this cert for us the prio		2Da. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. Lenter neture of in any in Part 2 or Part of item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
DING had by After After detacher of Hea		20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) Hour a.m.
ATTEN be ratal CTOR IId be c		21. 1 certify that (1) (this hospital) attended the deceased from 3 = 3
4 may DIRE 3 short the Star		22a. SIENATURE ATTENDING MED. STAFF SIGN SIGN 3-16-63
Page NERAI Nr. Page d with	1	122c. PHYSICIAN'S NAME (Type) M. El. Byrkit 22d. ADDRESS // Omiliams port Md.
H TO Sector		230. BURIAL CREMATION, 23b. DATE THEREOF 2c. NAME OF CEMETERY OR CREMATORY 23d. LOCATON (City, town or county) (State)
Q VR A15 (4) ∩		BUP181 3.17.62 GINETI LAWN WILLIAMSPORT Washimbton
15M 9/60	7	Howard & Sleepe Williamsfaret mol DATMAR 20'62 Outhur S. Knows



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY cessary, or. Page les. a. STATE b. COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve neerest lown) write RURAL and give nearest town! direct HAGERSTOWN

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) HAGERSTOWN ∞ HAŒRSTOWN d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State 1 YES NO V FAIRGROUND & POTOMAC AVENUES HAMIT: TON 4. DATE Month Year DECEASED OF (Type or print) DEATH ROBERT LESLIE SR. 1962 **EVANS** MARCH 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER TYEAR . . F UNDER 24 HRS. last birthday) | Months | Days and Hours MALE WIDOWED DIVORCED OCTOBER 26 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) SALESMAN GAS LIGHT COMPANY ONVILLE VIRGINIA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EIWIN S EVANS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT GARRISON (Yes, no. or unkown) | (Ifyes give wer or detes of service) NO 213-03-1/11

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] MRS. R.L. EVANS SR. HAGERSTOWN MARYLAND NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise lo immediate cause DUE TO (e), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200 NO 20a EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, ferm, 1 20f. [City or lown] 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour m.m. et work et work OR: 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry and in my opinion death resulted from. Natural causes 1 Suicide Homicide Undetermined manner se execute the connocated be torward FUNERAL DIRE CHIEF MEDICAL EXAMINER gnated ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X 136 N POTOMAC ST. EXAMINER'S NAME (Type) 1 NAME (Type) HOWARD N WEEKS
220. BURIAL, CREMATION, 22b. DATE THEREOF Address (Street, c.ty, town, or county) HAGERSTOWN MARYLAND Addn
22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) BURTAL ROSE HILL CEMETERY HAGERSTOWN MARYLAND Flances m **ADDRESS** 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 FUNERAL HOME HAGERSTOWN MARYLAND Circles & Then DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, L, MARYLAND CERTIFICATE OF DEATH funeral should . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased sivad, If institution; Residence before edmission) a. COUNTY **6.** COUNTY by the sand 2 seed death. Washington MARYLAND Laryland Washington
c CITY OR TOWN (If quiside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest fown) Hagerstown 2 Dave 三丁 Hagerstown filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 52章 Wash County mospital East antietam 3. NAME OF Middla DATE DECEASED (Type or print) ARTHUR DEATH WILLIAM FAHRNEY March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF JNDER 1 YEAR last birthday) DIVORCED T 80yrs WIDOWED TO Y Ma.v 3 1881 Male lease-remove physician 10a. USUAL OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign done during most of working life, avan if retirad) Retired Beaver Creek Wash Co Tailor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia Hartle William O. Fahrney ቬ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) ((Ifyas giva war or datas of service) Paul Fahrnev 108 Fairground Ave 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), i Hagerstown, Ad. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave risa to immadiata causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19. WAS AUTOPSY CERTIFICATION ä 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or lown. factory, streat, office bldg., atc.) Not While Whila Hour a.m. al work al work 0.00 21. I certify that (I) (this hospital) attended the deceased from to.... saw the deceased alive on. .. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d 22c. PHYSICIAN S ADDRE NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) 23a BUR AL, CREMATION, 23b, DATE REMOVA (Specify) Smi thsburg Wash Smithsburg Cemetery 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE APR 3 arthur S. Krous

Coffman Hagerstown Md.

RYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO X

IF UNDER 24 HRS.

Year

19

INTERVAL BETWEEN ONSET AND DEATH

(Stata)

22b. DATE

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SIGNEDI

..., that (I) (WW) last

1962

USA

12. CITIZEN OF WHAT COUNTRY?

29

Months

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M	1. PLACE OF DEATH a. COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where daceased kived, if Institution: Residence before the control of the c
*]	write RURAL end give neeres! town) Hagerstown d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, g ve street eddress) d. STREET ADDRESS e. IS
	Western Maryland State Hospital 3 NAME OF DECEASED (Type or print) 10hV Charles Farrow Month Dev OF DEATH March 16, 1
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 YEAR
any any	Darmer Agriculture Clearspring, Ud. 13 FATHER'S NAME Agriculture 14. MOTHER'S MAIDEN NAME
removal, and	Nathan Garrow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng., or unknown) (Ifyes give were ordales of service) None None Mrs. Arthur Burgan 519 Brown Ave. Hagersto 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).
, cremation, or	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), stating the underlying DUE TO DUE TO
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he State De	21. I certify that (I) (this hospital) attended the deceased from F. Ch. 23,, 19.63 to March 16, 19.63 that (I saw the deceased a ive on March 16,
led with th	22c. PHYSICIAN'S NAME (Type) VICTOR 4. Ramos, m.D. 22d. ADDRESS Western maryland State to Hayestown, maryland
<u></u>	236. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) St. Pauls Reformed Church St. Pauls Wash. Co. 24. ELINEPAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D 8Y REGISTRAR 25b REGISTRAR'S SIGNATURE
(A) C (B)	Rest Haven General Chapel Hagerstown, Md. DATEMAR 20162 Colling & Kraus



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) E. LENGTH OF STAY IN 16 write RURAL and give nearest lown) HAGErstown WAShington d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Hospital YES NO 3. NAME OF Day DECEASED (Type or print) DEATH 5 SEX OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months | Mours WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME Bender 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordelesofservice 18 CAUSE OF DEATH (Enter only one couse per lige for to), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY AME IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), sleting the underlying cause last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6/1 19. WAS AUTOPSY PERFORMED? 200 ACTION WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of nurry in Pert or Pert II OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20t, (City or town) 20c. TIME OF INJURY (County) (Stefe) factory, street, office bldg., etc.) While Not While Hoor a.m. at work at work p. m. ., 1962 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on... 22e SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION 23a BURIAL, CREMATION, | 23b REMOVAL (Specify) 25m. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VIII A15 (4) 1SM 7/61 MAR 2 8 '62 DATE

RYLAND STATE DEPARTMENT OF HEALTH



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haw requirending physic een signed bestanst per remation, or remation, or		PART I. DEATH WAS CAUSED BY: Myocardial infarction DUE TO Arteriosclerotic heart disease Conditions, if eny, which (b) gove rise to 'mmediate cause (b) Address roll bladder cause (b)	
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3 should the State D		saw the deceased alive onMarch 14,19 1962nd that death occurred 21:30.ANV from the causes and on the date stated	
page ad with	1	22c. PHYSICIAN'S NAME (Type) Robert F, Keadle Hagerstown, Maryland 23d. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY , 23d. LOCATION (City, town of county) (Stet	·
	By	Burial March 18-62 Boonesboro Cemetery Boonesboro Md. 24 FUNERAL DIRECTOR'S SIGNATURE Williamspert 2 Mg 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE DATE MAR 1 9 '62 Curium 3. Truma	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Institution) Residence before admiss on) a. COUNTY b. COUNTY Washington Marvland Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Hagerstown Hagerstown Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ed STREET ADDRESS II. IS RESIDENCE ON A FARM? Washington Co. Hospital Cleveland Ave. YES NO 3. NAME OF DATE Middle DECEASED (Type or print) Elizabeth DEATH March 1962 Blanche Gardner 9. AGE (In yours | IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . 8. DATE OF BIRTH Jest birthdey) | Months | Deys Hours Female White WIDOWED X DIYORCED [Feb. 1, 1898 e attending physician a Then please remove coval, and in any event 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) House Wife Own Home Hagerstown, Md. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Strock Edward Mongan Daisv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT Address oval, (Yes, no, or unkown) ((Ifyesgive werordetesofservice) 216014-6354 James H. Gardner Hagerstown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis Of Liver Recent DUE TO Conditions, if any, which (b) General Arteriosclerosis Recent gave rise to Immediate cause DUE TO (a), steting the underlying ceuse last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Stelle) Month, Day, Year factory, street, office bldg., etc.) While Not While MED. Hour a.m. at work al work 21. | certify that (I) (this hospital) attended the deceased from 2-27- 1962, to 3-1- 1962, to 3-1- 1962 3-4- 1962, and that death occurred a 2:20%, from the causes and on the date stated above. saw the deceased alive on 22b. DATE OR 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S W. Washington St., Hagerstown, Md. Dr. E. W. Ditto. 23d, LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Hagerstown. Rose Hill Cemetery Eurial 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) 15M 9/60 Scott F. Minnich & Son Hagerstown, Md. DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MERVIEND MARYLAND WASHINGTON WASHINGTON b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! HAGERSTOWN HAGERSTOWN 1 6 DAYS

d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 125 E. ANTIETAM ST HOSPITAL YES NO K WASHINGTON 3. NAME OF Midd e 4. DATE Manth Day DECEASED OF (Type or print) DEATH 1962 GARLING MARCH ELIZABETH VTRGTNTA 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days WIDOWED DIVORCED | PEMALE 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U-S-A-MARYLAND WASHINGTON HOME MAKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN ALEXANDER H 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO 17. INFORMANT Address (Yes, no, or unknown) ! (If yes give war or dates of service) MR. HARRY M GARLING HAGERSTOWN MARYLAND NONE 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic IMMEDIATE CAUSE (a) coronary vascular disease DUF TO Acute myocardial infarct Conditions, if any, "which (b) gave rise to immediate cause Generalized arteriosclessis DUE TO (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Diabetes M NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of niury in Part I or Part II of item 18) 20m, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Inctory, street, office bldg., etc.) Not While While Hour a.m. at work at work ATTENDING 22b. DATE 22a. SIGNATUR MED. SIGNED DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S Physician acting while family NAME (Type) of Boann POTOMAC ST. HAGERSTOWN MARYLAND D. Dr out 23c. NAME OF CEMETERY OF PRIMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) -10-62 ROSE HILL CEMETERY HAGER STOWN BURIA HINERAL HIRESTOR'S 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** MERAL HOME HAGERSTOWN MARYLAND DATE 1 3 '62 - Lucius & Thouse

MARYLAND STATE DEPARTMENT OF HEALTH

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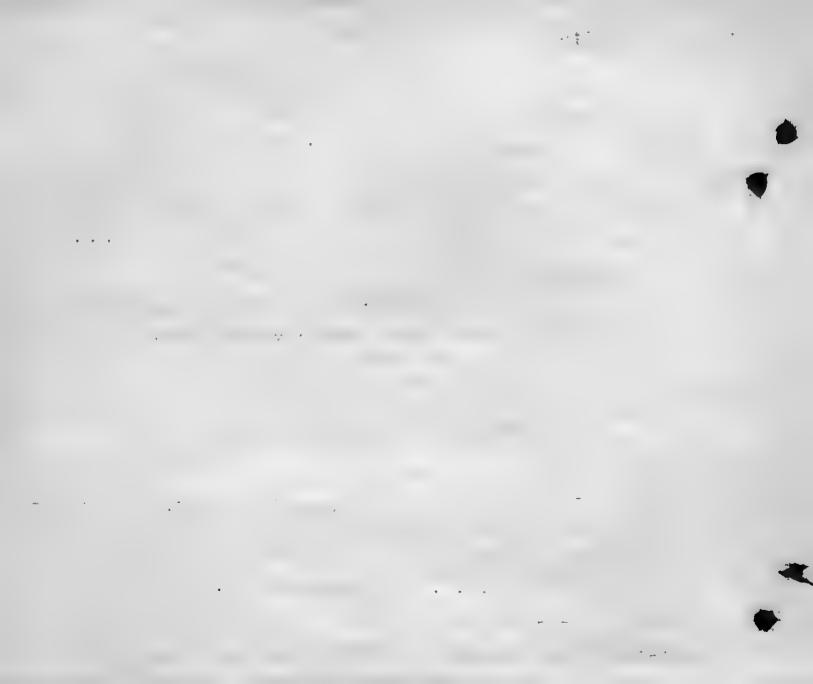
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W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Ras dence before edm ssion) e. COUNTY the ind 2 MARYLAND 12000 L b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (J outside corperate I mits, write RUR's, and hive nearest town write RURAL and give nearest town) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF DATE DECEASED OF (Typa or print) DEATH 19 5. SEX 6. COLOR ØR RACE DATE OF BIRTH IF UNDER 24 HRS. WIDOWED USJAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even il ratirad) MOTHER'S MAIDEN NAME WAS DECEASED EVER IN L. S. ARMED FORCES? (Yes, no, or unkown)) (If yesgiva war or datas of sarvice 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) DUE TO (6) PULMONARY EMPHYSEM gava rise to immadiata cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm. 20c. TIME OF INJURY Month, Day, Year 20f. [City or town] (County) (State) fectory, street, office bldg., etc.) Whila Not While Hour e.m. at work at work 1962 10 deceased from... saw the deceased alive on... 22b. DATE 22a, SIGNATUR SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S MAGERSTON 256. REGISTRAR'S SIGNATURE REGISTRAR VR A15 (4) 15M 9/60 Walley & France

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and and	WIDOWED DIVORCED X 2-13-23	St birthday) Months Days Hours Min.
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at office at		
_ B	228. SIGNATURE ATTENDING MED ATTENDING MED	STAFF 1 22b. DATE SIGNED
4 7 % 4	Charles WD PATS. DIRECTOR LI	PHYS. 1962
1 6 K 8 4 1	22c. PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S P	And Hagestter w
N Paris	1 - 100NG B. CATON 1500 Paned.	Mr. Digestown, Ma
0.500	20 BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATIC	ON (City, town or county) (State)
O D O D O	REMOVA Specific 3-156 V Georgetown Medical School W	ashington D. C.
F F DW		R 25b. REGISTRAR'S SIGNATURE
VR AIS (4)	MAR 1 9 '62	
ال مواد اللاد	H loffman Nagenstown My DATE	A, flava
	V'	



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03815 CERTIFICATE OF DEATH 03811
funera shoul	M)	1. PLACE OF DEATH a. COUNTY Washington MARYLAND 1. PLACE OF DEATH a. STATE Maryland Maryland Washington Washington
by the		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
illed in Pages 1	11	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS ON A FARM?
uted v letely f spers. I 72 hou	·	Washington County Hospital 10 Marbern Road YES NO ED BECEASED 10 Marbern Road YES NO ED WORLD NO TO THE Month Day Year
bo. withir		(Type of print) Charles Lynn Grega DEATH March 18 19 62 5. SEX 6. COLOR OR RACE 7, MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS.
ian and		Male White. WIDOWED DIVORCED April 12, 1920 lest birthday) 41 yrs. Months Days Hours Min.
physic peremo		Glight Engineer Aircraft Washington, Penna USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ending n please	1	Charles Garfield Gregg 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
that then the the the the the att		(Yes, no, or unknown) (Hyesgivewarordates of service) Yes W 2 216-14-6810 Mrs. Chas. L. Gregg 10 Marbern Rd. Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
hysicia ned by if perm		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH Thrombosis
law reiding page sen sign		Conditions, If any, which] (b) Arteriosclerotic Heart Disease ?
W: The pr atter has burily curial, c		(a), slating the underlying DUE TO couse last. (c)
SICIAI ospital rifficate se as the porto b	7	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
PHY: the he this ce d for u		20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH URF EITHER, NOTIFY MEDICAL EXAMINER)
VDING ined by After detache		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) Hour a.m. While Not While st work st work st work st work
ATTEN be reta Id be		21. I certify that (I) (this hospital) attended the deceased from MCTCL -/ 5, 1962 to MCTCL IV, 1962 that (I) (we) last saw the deceased alive on MCTCL IV.19.62 and that death occurred at 5 4 M, from the causes and on the date stated above.
OR THAY DIRE		226 SIGNATURE ATTENDING MED. STAFF SIGNED ATTENDING PHYS. DIRECTOR PHYS. 2 19 6 2
Page NERAI r, page	-1	22c. PHISTORANS NAME (Type) / DUT AT. HOFFMEN 214 N. POTOMEC
HO HO HO HO HI Sold HI HO HI HO HI HO HI HO HI HO HO HO HO HO HO HO HO HO HO HO HO HO		230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial 7/21/62 Rest Haven Cemetery Hageratown Md.
VR A15 (4)	ha	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1344 1/01	Al.	Rest Haven Funeral Chapel Hagerstown, Md. DATE MAR 21 02 Chilling & Thinks



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	
ह हेर्	U3810 CERTIFICATE OF DEATH	03812
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution e COUNTY 5. STATE 5. COUNTY	n: Residence before edmission)
hours band 2 death	WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	WASHINGTON _
bin 24		PRING, MD.
etely fill	WASHINGTON CO. HOSPITAL NONE NAME OF FIRST Models Last 4. DATE Month	ON A FARM? YES NO Day Yeer
be executed the paper of the pa	DECEASED (Type or print) JOHN TRA GROVE SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER list birthday) Building birthday) MARCH 19. AGE (In years If UNDER list birthday)	
sician and move can	MALE WHITE WIDOWED DIVORCED JAN. 10-1882 80 VI 1	Days Hours I M.n.
h cer g phy ise re in an	FARMER FARMING WASH. CO. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
the deat attending hen plea al, and	DANTEL GROVE 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (Illyesgivewer or deles alservice)	MD [−]
ss that i	NO NONE MRS ANNA GROVE ROUTE 1, (CLEAR SPRING
require signed l snsit pe stion, o	PART I. DEATH WAS CAUSED BY: (A) Clarke Cardiac Failure DUE TO DO	Ldays
The law itending s been s wrial-tra	Conditions, if any, which gove rise to immediate cause (a), staling the underlying DJE TO	3 months
AN:	causa last, (c) Carcarae N CQ:	ART 1(+) 19. WAS AUTOPSY PERFORMED?
SICI ortific use a rior te	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PA	YES NO NO
y the hy the he for ed for salth p	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of 16m 18.) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER.	
NDING Bained bained bared betach detach	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20l. (Cily or fown)	County) (State)
ATTE v be ret ECTO buld be ate Dep	21. I certify that (I) (this hospital) attended the deceased from Telling, 196.275. M. Laria. 6, 1 says the deceased alive on Man. 5, 196.2, and that death occurred at 1.2. M. from the causes and or	
T OB	ATTENDING MED. STAFF M.D PHYS. DIRECTOR PHYS.	3/7/6 2
OSP h UNER? tor, pag	NAME (Type) David R. Brewert Clear Aprine	a Mol,
He F	236. BURIAL CREMATION 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, fown of company) BURIAL 3/9/1962 ST. PAULS CEMETERY WESTERN PIKE	, CLSPG. MD.
VR A15 (4) 15M 7 61	Margaret Rowlean CLEAR SPRING, MD DATE MAR 1 2 162 CLEAR SPRING, MD DATE	S SIGNATURE
13/1/	Villagan I aucena out office of the	



YEARD STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Washington Marvland Washington MARYLAND by the and 2 death. c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town Hagerstown Hagerstown hrs. Rural IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS ON A FARM? YES X NO Washington County Hospital Route letely Year 3. NAME OF , 4. DATE First Last Midd e OF DECEASED DEATH (Type or print) 1962 March Harry Oscar Harbaugh IF UNDER 24 HRS. 9. AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lest birthdey) Months Deys DIVORCED Sept. 12, W DOWED 1900 Male White 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Lantz, Md. Farm-Owner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Holtzman Rebecca Oscar Harbaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or detes of service) Mrs. Lydia M. Harbaugh Hag. 36-6952 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per time for (e), (b), end (c) ONSET AND DOATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which geva rise to immediate cause DUE TO (e), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? SYYY NO T 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perf I or Perf II of item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, form, (County) (Stele) 2Df. (City or lown) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg , etc.) While Not While Hour a.m. at work at work may be retain DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from....16..DEC....... 19.60, to . 2.7 MAR. 19.62 that (I) (we) last SIGNATURE C SIGNED ATTENDING PHYS. XXX STAFF DRECTOR 28 MARCH. HOSPIANA th. Page 4 FUNERAL 22d. ADDRESS Mo. POTOMAC AVENUE HAGERSTOWN. T. BINFORD. 1 23d. LOCATION (City, fown or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Green Hill Cemetery Waynesboro, Pa. 3-29-62 Euria1 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE MAR 2 9 162 Curry S. Threes F. Minnich & Son Hagerstown, Md. 15M 9/60



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03818 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03814
BEALTH DEPT.	1. PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Page Page les.	
Page Same	b. City OR TOWN (if pulside comprete limits - LENGTH OF STAY IN 16 - CITY OF TOWN I S - LENGTH OF STAY IN 16
P P P P	write RURAL end give nearest town)
E & SOLAI	Hagerstown 5 Hour Clear Spring Rt.#2 d. Name of Hospital or Institution (if not in hospital, g ve street eddress) d. STREET ADDRESS e. IS RES DENC
to p of d	
de d	
Stat Stat	3. NAME OF First Middle Last 4. DATE Month Day Yeer
T G G	(Type or pdat) ROY POWERS HARP DEATH March 19, 1962
를 가 소트를	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (IN YOUTS IF JNDER 1 YEAR IF UNDER 24 HRS
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1,2 ge an	done during most of working life, even if retired
our gaes Pa Pa in	Farner Retired Chewsville, "ash. Co. Md. USA.
4 g X S S S 4	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1 F 6 5 9 7	David Harp Margaret Beard_
ilhin si di	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unknown] [[Ifyesgivewarordatesofservice]]
¥ fimit ¥ fimit	No None Wilbur U. Harp, Boonesboro, Ad. Rt. #2
et if i	18. CAUSE OF DEATH [Enter only one cause per line for (e). (b), and (c).]
xec in in ong noith	DART I DEATH WAS CAUSED BY
a tra	IMMEDIATE CAUSE (0)_ Cotonary thentones
ld b fine rial	DUE TO
P. Q. J. E	Conditions, if eny, which (b) Culture of Control (b)
P P S S S S S S S S S S S S S S S S S S	(a), stating the underlying DUETO
ical and ad 2	cause last (c)
us u	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY
ord ord be	PERFORMED?
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## A de lei	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part T or Part II of Jem 1B.) RIMARY OF DEATH.
inition and a series	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, , 20f. (City or town) (State)
Mary Care	Hour e.m. While Not While factory, street, office bidg., etc.)
EX.	E p.m. 19 at work at work
1 5 5 G g	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
State of the state	death resulted from: Natural causes . Accident ., Suicide ., Homicide ., Undetermined manner .
the crivar DIRI	CHIEF MEDICAL EXAMINER
ME) forw	SIGNATURE DATE SIGNED
2 2 2 2 C	DEPLITY MEDICAL EYAMINED TO
PUTY'I	NAME (Type) Howard N. Weeks Address (Street, city, town, or county)
PULLA MARCHE SHOULD SHOULD FOUNDERAL ITS designate	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) (State)
408	Burial 3/22/62 Rest Haven Celetery Hagerstown Wash Co. M.d.
H H	Burial 3/22/62 Rest Haven Cenetery Haverstown Wesh Co. Md.
VS. AISME	
5M 9160 77	Andrew K. Collman, Haverstown karyland DATE MAR 23'62 Outling & Kinns

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 2. USUAL RESIDENCE (Where deceased leved, if institution: Residence before admission) ij. 1. PLACE OF DEATH a. COUNTY b. COUNTY by the and 2 death MARYLAND MARYLAND WASHINGTON WASHINGTON b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest town) c LENGTH OF STAY IN 16 write RURAL end give nearest town) .577 HAGERSTOWN HAGERSTOWN filled ir Pages d STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 12/3 YES NO T 1213 SHERMAN AVENUE AVENUE NAME OF 4. DATE Middle Lest DECEASED OF DEATH (Type or print) ARTHUR DAVID MARCH 19 62 HASENBUHLER 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH (ast birthday) Months Hours Min Days WIDOWED [DIVORCED [JUNE YIS. MALE 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. MD. STATE POLICE WASHINGTON MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MABEL V BUTTS LOUIS HASENBUHLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknwn) ! (If yes give war or detes of service) the 215-26-1230 MRS. A D HASENBUHLER HAGERSTOWN MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND REATH PART I. DEATH WAS CAUSED BY: rech IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (e), stating the underlying the table burie cause last. PART IF, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter netuce of injury in Pert I or Pert I of tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm 20f. (City or town) (County) (State) 20c. TIME OF INJRY Month, Day, Year tectory, street, office bldg , etc.) While Not While Hour a.m. el work at work p.m 21. I certify that (I) (this hospital), attended the deceased from ... 3/24 1964 10... 3/24 , 19 ..., that (I) (we) last1962 and that death occured at AR.M. from the causes and on the date stated above. saw the deceased alive on 21 22b. DATE 22e S GNATURE ATTENDING. SIGNED DIRECTOR PHYS. M.D. PHYS. 27d. ADDRESS 22c PHYSICIAN'S NAME (Type) POTOMAC ST. HAGERSTOWN MARYLAND HOWARD 136 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, town or county] 23a. BURIAL, CREMATION, 23b DATE THEREOF REMOYAL (Specify) HAGERSTOWN MARYLAND 3-24-62 ROSE HILL CEMETERY WERAY DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 7'61 DATE MAR 3 0 '62 Circums of Thomas HOME HAGERSTOWN MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND		TOKE I, MAKTLAND
	03820 CERTI	IFICATE OF DEATH	03817
M)	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare daceased lived, if	
	**************************************	A. STATE MARYLAND b. COU	WASHINGTON
	b. CITY OR TOWN if outside corporate limits, c LENGTH OF 5	TAY IN 1b c CITY OR TOWN (If outside corporata limits, wr	te RURAL end give neerest town)
1 - 1	write RURAL and give nearest town) HAGERSTOWN 10 DA	YS 63 HAGERSTOWN	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat ad	d. STREET ADDRESS	. IS RESIDENCE
	WASHINGTON COUNTY HOSPITAL	22 BROADWAY	YES NO N
	3. NAME OF Fust Middle	Last 4. DATE Mon	th Day Year
	(Type of puni) FT.ORENCE VIRGI	NTA HOCKMAN OF MARCH	1 10 19 62
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	B. DATE OF BIRTH 9 AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE WHITE WIDOWED DIVORG		Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country	12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired)	CULPEPPER VIRGINIA	U.S.A.
	HOME MAKER 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	. Ospene
.)	JOHN W JENKINS	FRANCES V JENK	TNS
/	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY		
	(Yes, no, or unkown) [(fyesgivewerordetesofærvice) NO NONE	MRS HELEN NEWCOMER HAGERSTO	WN MARYLAND
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (+)	Lai leur	ONSET AND DEATH
	14 5 0 0 DUE TO	A	
	Conditions, if any, which) . (Cutarios	Clarises den'X.	year
	geve rise to immediate cause		
	(e), stating the underlying cause last.	V	
R.	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY
,	M. D. Q. B.	In I Hammen	YES NO
	E 200 ACC DENT WAS UNDERLYING [] , 206 DESCRIBE HOW NUN	Y OCCURED (Enter nature of in'ury in Pert I or Part II of item 18.)	
	206 ACC DENT WAS UNDERTING [] 206 DESCRIBE HOW NUJR OR CONTRIBUTING [] CAUSE OF DEATH U IF EITHER, NOTIFY MEDICAL EXAMINER)		
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED		(County) (State)
	Hour e.m. P.m. 19 While Not While at work at work	fectory, street, office bldg , etc.)	
	21. 1 certify that (I) (this hospital) atjended the decease	sed from 2/15 /19 19 to 3/10/1	5.7, 19, that (I) (we) la
		and that deeth occured at AM, from the causes	
	22a. SIGNATURE		22b. DATE SIGNE
	- Hound Willest	M.D. ATTENDING MED. STAFF	3-12-62
- 1	22c. PHYSICIAN'S	22d. ADDRESS	
-	HOWARD N WEEKS M.D.	136 N POTOMAC ST. HAGEF	RSTOWN MARYLAND
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	CEMETERY OR CREMATORY 23d. LOCATION (City, to	own or county) (State)
	BUREAL 3-13-62 REST HAV		
20	24 TOPERAL DUECTORS SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 125b. R	EGISTRAR'S SIGNATURE
MI	SUTH ROUZEN FUNDRAL HOME HAGERSTOW	VN MARYLAND DATE MAR 1 5 '62	a
JI	, –		

MARYLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DIPARTMENT OF WINLTH
- 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# 10 D		03821 CERTIFICATE OF DEATH U3816
funers shoulk	, 1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) COLNYS. A
12 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	\mathcal{A}	" COUNTY WAS KINGTON MARYLAND, "STATE Md. B. COUNTY WAS W.
y th y th leath		b. CITY OR TOWN (if outs de corporete) m is, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete I m is, write RURAL end give negrest fown)
in b	ž.	Hagers forum 1 Day X Kural- Hagers town
led age s af a		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address,
s. P. Pour	1	wash. Co. Hospital "Rule-Had erstown, Mil YES NO DE
outed Per	3.	NAME OF Frst Middle Last 4 DATE Month Day Year DECEASED OF Month OF
hur		(Type or print) EMMA Clara Hollens head DEATH MARCH 1 1962 SEX 6. COLOR OR RACE 7 MARDIES OF NEXTS MARDIES OF BIRTH 19. AGE (In years 1) F UNDER 24 HRS.
with	3.	lest birthdey] Months Deys Hours Min.
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fiffice sicial of the sicial o	1 9	one during most of working life, evaluational life and interest li
इ रेडिं		House wite Home welsh kun, og. U.S.A.
ing least		David Angle Moriah Hawbaker
e de		WAS DECEASED EVER IN J.S. ALMED FORCES? 16 SOCIAL SECURITY NO 1 177 TINFORMANT Address
The Tree oval	- 10	(es, no, openidan) [lifyesgivewerordelesofservice) Frank & Hollows head - Hagenotown M
in that in the same of the sam	-=	18. CAUSE OF DEATH [Enter only one cause per line for (e, (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH
d by perr		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED PERITONITIS J. WEEK
Phy		S 7 DUE TOO
aw ling an si arran		conditions, if any, which (b) TERFORIATED Sigmold Diverticulitis "
he lend bee		gave rise to immediate cause (a), steting the underlying DUETO
r at has has urial		couse lest. (c)
IAN Ial cate	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED?
SIC ospij se si	- 13	BRONCHOGENIC CA OF KT. LUNG THEOLOGINAL METASTASE
S ce horizon	CERTIF	20e. ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part Lor Part II of Item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ed the	1.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, '20f. (City or town) (Slete)
Affe by The Party of The Party	MEDICAL	Hour a.m. While Not While fectory, street, office bldg., etc.)
SND Paine Br. o	₹	p.m. 19 at work et work 1
E STA		21. I certify that (I) (this hospital) attended the deceased from 3/1/2 and that death occurred at 23/1/2 from the causes and on the date stated above.
REC Noul		saw the deceased alive on 21
O E S S S S S S S S S S S S S S S S S S		John a. Maran M. J. M. D. ATTENDING MED. STAFF PHYS. D 3/2/62 SIGNED
14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	i	22c. PHYSIZIAN'S
Pag VER VER VER VER VER VER VER VER VER VER	1	NAME (Typo) JOHN A, MORAN M.D. 215W. WaSHINGTON ST.
illection in the second	23	REMOVED Specify) 3 14/10 Z SOUNKS COMMETERY OR CREMATORY 23d. LOCATION 10 yr, town or county) (State)
0 0 0 0		Di Statuta - Sta
VR A15 (4)	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60		C.C. Minuch. Greencasts, JG, DATE 6 162.

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ARYLAND STATE DEPARTMENT OF HEALTH

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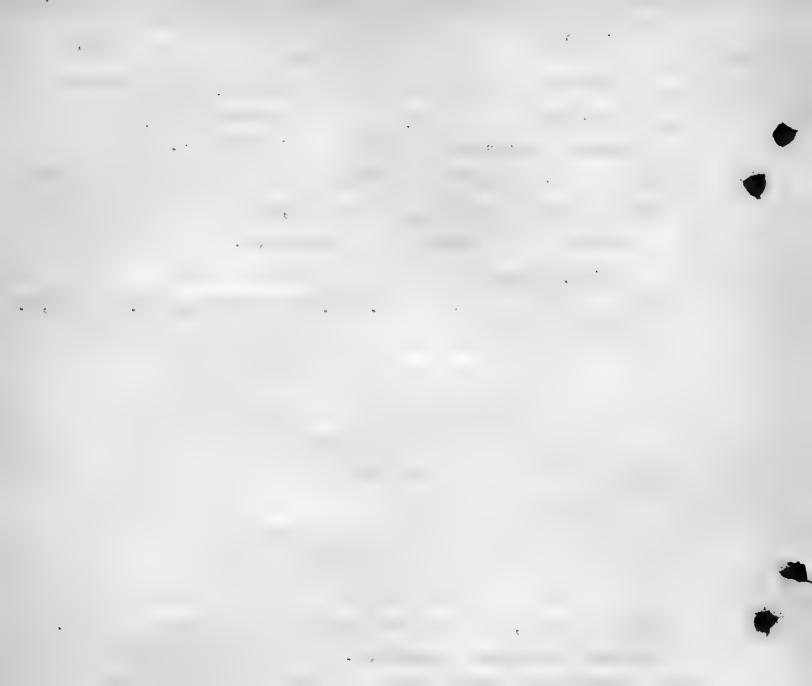
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or,

VR A1S {4} 1SM 7,61



A	L	03823 CERTIFICATE OF DEATH 0381	9
1)	1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence by a COUNTY	efore ac
		Washington MARYLAND "STATE Maryland Washing	ton
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	wol Ize
00		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	75 122
17			ON A
	3.	NAME OF First Middle Last 4 DATE Month Day	ES Year
		(Type or print) Mary Margaret Houser DERTH March 30	19 (
	5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER SYEAR IF	UNDER
		Genale White WIDOWED DIVORCED January 30, 1904 58 yrs. Months Days	ours
	10a	On. JSUAL OCCUPATION (Give kind of work sone during most of working lite, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF W	'HAT (
1	1	Housewife. Own Home Hagerstown, 19d. USH	
_	10.		
	15.	David E Kershner 5. WAS DECEASED EVER IN J.S. ARMED FORCES?, 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Y-	Yes, no, or unknown) (If yosgive war or dates of corvice) None Mr. Roy M. Houser 25 Glenside Ave. Hagers	tom
		18. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c).]	AL 8ET
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) COZUNITY OCCLUSION ONSET	AND I
		DUETO	
		Conditions, it any, which] (b) A sterio sclentin heart dise	Qu
		gave rise to immediate cause [e), stating the underlying DUE TO	
A	7	Cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] 19. W	V A C .
		PART II. STITE SIGNIFICANT COMMINIONS CONTRIBUTING TO BEATTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SITEM IN PART [8]	PERFO
O	5	l use	
O	ПЕСАПО	YES 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 4 or Part II of firm 18.)	L
C	CERTIFICATION	YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part Lor Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
C			LJ
C	MEDICAL CERTIFICATION		
		2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (Cily or town) (County) While Not While of work etwork 1 21. certify that (I) (th's hospital) attended the deceased from 10.2. 1957 to 3/30 1962 that	(1) (
C		2Dc. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (Cily or town) (County) While at work in the deceased from 2c. 2	(I) (stated
C		2Dc. TIME OF INJURY Month, Day, Year While Not While et work that (I) (this hospital) attended the deceased from C. 2	(I) (
C		2Dc. TIME OF INJURY Month, Day, Year While Not While et work that (I) (this hospital) attended the deceased from C. 2	(I) (
1		2Dc. TIME OF INJURY Month, Day, Year While Not While et work fectory, street, office bidg., etc.) 2Dd. INJURY Month, Day, Year While Not While et work fectory, street, office bidg., etc.) 2Dd. INJURY (Home, farm, 20f. (Cily or town) (County) 4 work et work at the deceased from 10 c. 2	(I) (stated
1	MEDICAL	2Dc. TIME OF INJURY Hour a.m. p.m. 19 2Dd. INJURY OCCURRED While Not While of work 19 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) While of work 19 2Dd. INJURY OCCURRED While of work 19 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Fectory, street, office bidg., etc.) 2Df. (City or town) (County) (County) And Saw the deceased afive on 1962, that Saw the deceased afive on 1962, and that death occurred at 1964, from the causes and on the date 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) And Saw the deceased afive on 1962, that ATTENDING PHYS. 2Dd. INJURY (Home, farm, 20f. (City or town) (County) ATTENDING PHYS. 2Dd. IDAC (City or town) (County) (County)	(I) (stated 22b
1	MEDICAL	2Dc. TIME OF INJURY Hour a.m. p.m. 19	(I) ((stated 22b.)
1	WEDICAL	2Dc. TIME OF INJURY Hour a.m. p.m. 19 2Dd. INJURY OCCURRED While Not While of work Hour by work 2De. PLACE OF INJURY (Home, farm, 20f. (Cily or town)) 2De. PLACE OF INJURY (Home, farm, 20f. (Cily or town)) (County) While of work Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attended the deceased from C. 2	(I) (stated 22b.



1	MARYLAND STATE DEPARTMENT OF HEALTH	
 	03824 CERTIFICATE OF DEATH	03820
the funeral d 2 should	1. PLACE OF DEATH II. COUNTY Washington D. CITY OF TOWN (If outs'de corporate limits, write the control of the corporate limits, write the corporate limits and corporate limits.	Washington
filled in by Pages 1 an	write RURAL and give neerast lown) Hagerstown d. NAME OF HOSPITAL OR NSTITUT ON (if not in hospita, give street address) Western Maryland State Hospital R # 4	a. IS RES DENCE ON A FARM? YES X NO
nd, righted v	3. NAME OF DECEASED (Typa or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BRTH 9. AGE (In years last b'rihday)	
physician an se remove car in any event,	1Da. USUAL OCCUPATION (Give kind of work dona during most of working life evan if railred) Retired Garner Washington County, Md. 13. FATHER'S NAME	12. CITIZEN OF WHAT COUNTRY
he attending Then plea moval, and	Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (Hyesgivawarordatesofservice) No No No No No No No No No N	erstown, Md.
law requires the ding physician en signed by the latransithm permit emation, or reservations.	PART I. DEATH (Enter only one cause per line for .a), (b), and (c), of part I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) Gave rise to immediate cause	osset and death 7 Weeks
ICIAN: The spiral or after ifficate has be as the burial, or to burial, or	(a), stating the underlying Couse last. (c) Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	VEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? YES NO X
NG PHYS I by the hor frer this cer sched for us Health pric	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Parl I or Parl I of Iam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to PLACE OF INJURY, Home, ferm, 19 While at work	(County) (Stata)
OR ATTENDI may be retained DIRECTOR: A 3 should be deta e State Dept, of	21. I certify that (I) (this hospital) attended the deceased from Foly	and on the date stated above
HOSPITAL TUNERAL TUNERAL ector, page 3	22c. PHYSICIAN S NAME (Type) YOUNG E. CHUN 22d. ADDRESS PENNA. AVE 738. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 10	Hagerstown, M. (State)
VR A15 (4) 15M 9/60	REMOVAL (Specify) 3/7/62 Cedar Lawn Cemetery Hagerstown 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rest Haven Guneral Chapel Hagerstown, Md. DATE 162	GISTRAR'S SIGNATURE
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1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH (1/2)/1
000		U3825 CERTIFICATE OF DEATH U3821
funeral should	IVI	1. PLACE OF DEATH a. COUNTY Washington ARRYLAND 2. USUAL RESIDENCE (Where decessed lived, it institution: Ras dance before admission) b. COUNTY Washington
by the and 2 death.		b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate I mits, write RURAL end give nearest town)
in a series	4	
Page Purs at	. 1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g ve street eddress) D. O. A. Wash. Co. Hospital 1019 Rose Hill Ave.
retely pers 72 ho		3. NAME OF Fish Middle Lest 4. DATE Month Day Year OF Jupe or print) Ruth Trene Hungate DEATH March 4 1962
exe English		
and carb, nt, wit		Female White Months Days Hours Min. Female Whowed Divorced July 18, 1911 50 yrs Hours Min.
ficat ician love evel		Toe. USUAL OCCUPATION, Give kind of work Tob. KND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE, County & State, or to sign country) 12. CITIZEN OF WHAT COUNTRY? done during post of working life, even if ref red) Retail Store Martinsburg. W. Va.
physic and any		Clerk Retail Store Martinsburg, W. Va.
ing prease	(T	Abram French Maude Mongan
endi n pl	(15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address
t the The The oval		(Yas, no, or unkown) (Ifyesgivawerordales of service) William H. Hungate Hagerstown, Md.
than the the training of the t		18. CAUSE OF DEATH (Enter only one cause per lina for (a), (b), and (c)
ires Sicia d by pern		PART I. DEATH WAS CAUSED BY, MMEDIATE CAUSE (6) Cerebral Thrombons ONSET AND DEATH
phy phy gne nsit		Class
ding an s f-tra ema		Conditions, if any, which (b) Clubral alleres cleroses
The then the standard the stand		gava rise to immediate causa (e), stating the undarlying DUE TO 10 (un)
or a or a b ha		Cause last, (c) Z PART II. OTHER S.GNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON G VEN IN PART I(a) 19. WAS AUTOPSY
CIA pital ficate to b	0	PERFORMED? YES NO NO
YSI hosp certi use		20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Iam 18.) OR CONTRIBUTING CAUSE OF DEATH URLE EITHER, NOTIFY MEDICAL EXAMINER;
HH 하는 하는 다음		
Fer Sea		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) Hour e.m. While Not While factory, street, office bldg., a'c.) p.m. 19 at work at work
NDI ined deta		
E E C S E		21. I certify that (I) (this hospital) attended the deceased from 3/3
SEC SE		saw the deceased alive on
S SPIEGE		ATTENDING MED. STAFF SIGNED
AL AL Ige		226, PHISICIAN S
SPIT Pag VER I, pa		NAME [Type] Paul Harrison, M. D. 318 N. Potomac St., Hagerstown, Md.
0 f f f f f		238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2 38		Burial 3-6-62 Hose Hill Cemetery Hagerstown, Md.
VR A15 (4)	0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Scott F. Minnich & Son Hagerstown, Nd. Date 17 762
15M 9/60	M.	Scott F. Minnich & Son Hagerstown, Nd. DATE WAR & DATE WAR & Trans
,	JJ	



MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
13826 CERTIFICATE OF DEATH	03822
LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institute the control of the control	on: Residence before edmission)
Washington Maryland Maryland	Washington
CITY OR TOWN (if outside corporate limits, write RURA write RURAL and give nearest fown)	L and give nearest town)
Hagerstown 30 yrs. Agerstown	e. IS RESIDENCE
	ON A FARM?
JAME OF First Middle Last 14. DATE Month	YES NO X
DECEASED	2 19 62
EX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNI	DER TYEAR IF UNDER 24 HRS.
Male White WIDOWED & DIVORCED unknown 1890 7] YES	
USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 BIRTHPLACE (County & Stele, or fore gn ecentry) 12.	, CITIZEN OF WHAT COUNTRY?
Laborer Gertilizer-Chemical Alabama	USA
no or unknown) (Illy as revenue was no dates of service)	un Hannestown Md
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Interval Between
	MMAGE TELL
	11-111-01 MI-C
BUT TO	
cause last (c)	
PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED? '
ACCIDENT WAS INDEDIVING D. I 20% DESCRIPTION INCIDENCE OF STATE OF BOTH OF BOT	YES NO
DR CONTRIBUTING [] CAUSE OF DEATH	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or lown)	(County) (State)
at week at week	
7-11-21-11-	19 that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from 3/2/1/2/19 19 10	19, that (I) (we) last on the date stated above.
21. I certify that (I) (this hospital) attended the deceased from 3.2. 19	on the date stated above.
21. I certify that (I) (this hospital) attended the deceased from	on the date stated above.
21. I certify that (I) (this hospital) attended the deceased from	on the date stated above.
saw the deceased alive on	on the date stated above. 226. DATE SIGNED
22a SIGNATURE 22a SIGNATURE 22c PHYS. CAN'S NAME (Type) Ralph 9. Upying M.D. BURIAL, CREMATION 23b. DATE THEREOf 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C.iv, Iown or cemedy)	on the date stated above. 228. DATE SIGNED (Signe)
22a SIGNATURE 22a SIGNATURE 22a SIGNATURE 22b PHYSC.ANS NAME (Type) Ralph 9. Upring M.D. BURIAL, CREMATION 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY BURIAL Specific Survival Su	on the date stated above. 228. DATE SIGNED (Signe)
22a SIGNATURE 22c PHYS. LAN'S NAME (Type) Ralph 9 Uping M.D. BURIAL, CREMATION 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY BURIAL SPACELY 23c. NAME OF CEMETERY OR CREMATORY BURIAL SPACELY 23d. LOCATION (C.i.y. Town or cemetery BURIAL SIGNATURE 23d. LOCATION (C.i.y. Town or cemetery BURIAL SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR	on the date stated above. 228. DATE SIGNED (Signe)
3. ND DO. (17 CATION 13. (17 CATION	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. PLACE OF DEATH COUNTY COUNTY Washington DARYLAND



1			MARYLAND STATE DEPAR	RTMENT OF HEALTH	
 			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE S F DEATH	ARYLAND
the funera	1)		Washington MARYLAND City Or TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16	USUAL RESIDENCE (Where decessed lived, If institute in the county by the county was a county of the	
filled in by Pages 1 an	x.	He	Write KUKAL and give neerest town)	Hagerstown, Maryland 650 Penna Ave	
pletely papers.	1		VAME OF DECEASED Type or print) William T Johr	Last 4. DATE Month OF	Dey Yeer 19 62
icate be	ノ	Ms i0e	Le Colored WIDOWED DIVORCED NOV	17 1879 lest birthdey) Moi	19. CITIZEN OF WHAT COUNTRY
eath certil Ing pllysidease remide in any		Jε	nitor Hotel	Frederick Md. MOTHER'S MAIDEN NAME Unknow	USA.
he attend he attend Then p moval, an		15. (Ye	was deceased ever. N u.s. Armed FORCES? 16. SOCIAL SECURTY NO. 17. INFOF. no, or unknown) (ffyesgivewerordelesofservice) 20-09-7428 Walt	RMANT Address	
The law requires # r attending physician, has been signed by # e burial-transit permit urial, cremation, or rea			18. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause last. (c)	failus	INTERVAL BETWEEN ONSET AND DEATH 3 DOWN
PHYSICIAN the hospital o his certificate I for use as th th prior to bu	0	CERTIFICATION	PART H. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO NO
ENDING tained by Nr. After t e detached		MEDICAL		3/4 1960 to 3/5	(County) (Stete)
OR AIT may be re DIRECTO should b			saw the deceased alive on	th occured at	
Page 4 INERAL or, page 3 or, page 3 ed with the			PHYSICIAN'S NAME (Type) Howard N. Weeks, M. D.	22d. ADDRÉSS 136 N. Potomac Street	
OF A15 (4)	0	F	BUR.AL, CREMATION, 23b. DATE THEREOF AEMOVAL (Specify) War 9 1962 Rose Hill Ceme FUNERAL DIRECTOR'S SIGNATURE ADDRESS		4
15M 9/60	M	13	Im K Watoox of Nagerslown mo	DATE MAR 1 2 '62	2. there

PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institution, Residence before edmission) e. COUNTY MARYLAND by # b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RJRAL and give mearest town) e. IS RESIDENCE d STREET ADDRESS INSTITUTION (if, not in hospite), give street eddress) ON A FARMI YES NO X 3. NAME OF 4. DATE Middle DEATH (Type or print) 1962 IONES IF UNDER 24 HRS. AGE (In years Hours 10a. USUAL OCCUPATION [Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Yes, no, or unkown) (If yes give we rordatas of service) 18. CAUSE OF DEATH lenter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH acute Coronary occlus 1 day IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a)) 19. WAS AUTOPSY PERFORMED? i Pheumakid arthritis & cervical spendylisis and guadraparesis NO I 20b. DESCRIBE HOW IN. URY OCCURED. (Enter neture of injury of Pert I or Pert I) of Hem 18.) 2De. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED 20s, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (Steta) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work saw the deceased alive on March 7, 1962, and that death occured at 115M, from the causes and on the date stated above. 226. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. 22c PHYSICIAN'S NAME (Type) 23d. LOCATION (City, fown or county) 23e BURIAL, CREMATION, | 23b. DATE THEREOF 23s. NAME OF CEMETERY OR CREMATORY 1arch 10,62 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	CERTIFICATE OF DEATH	Nu. No. 03825
director, filled with	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Reside b. COUNTY M. STATE M. COUNTY M. CO	,
be er a	b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and	I give nearest lown)
the share a	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION A STREET ADDRESS	e. 15 RESIDENCE ON A FARM?
od 2 pu	WASH COUNTY HOSPITAL 150 5 Potomoc Street	YES NO
611ed in	3 NAME OF DECEASED (Type or print) NOHN RUSSELL OUDD R DEATH MARCH	Day Year 1962
with:	Name of the state	R I YEAR IF UNDER 24 HRS. Days Hours Min.
ample appers.		ITIZEN OF WHAT COUNTRY?
and co bon pa	Mp,	
ರ ೯ <u>೯</u> ೯ ≔	13. FATHER'S NAME	
certificate by g physician remave cor 72 hours offit	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address)WERS
S 0 2 C	[Yes, no. or unknown] [If yes, give wor or dates of service] MOTHER HAGER	STOWN MO
ottending ottending please r within 72	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
that the a by the a t. Then y event v	DUE TO	15-min
ires if ned b ermit.	Conditions, if any, which gave rise to immediate DUE TO	
ion. en sign msit p	lying couse lost. (c) I was a will yet	
: The law ng physici e has beer burial-tran remaval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT I(a) 19 WAS AUTOPSY PERFORMED? YES NO
IAN: T	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC al ar at this cert in use as ematian	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 of work of work of work 19	(County) (State)
iffer ospit of for officer of for officer offi	21. I certify that I attended the deceased fram	last saw the deceased
TEND The h The h YR: A Stoche Suriche	alive an, and that death occurred at, M, fram the causes and on ADDRESS (Street, city or town, state)	
And	ACTUAL SIGNATURE ALBERT ALBERT STORE) M.D.	DATE SIGNED
reformation of the state of the	PHYSICIAN'S DR. H. H. GIST, HAGERSTOWN MD.	
HOSPI Haregis	220. BURIAL CREMATION 226. DATE THEREOF 21 March 2 Stack, Co. Kosp. 22d LOCATION (City, town, or country)	(Slote)
0 - 7 - =	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S S	IGNATURE
VS A15 (4) 15M 9/SS	John JS Croffle adm. Wash. Co. 1 Jug Date MAR 22'62 Ording	8. Karen
	2 - C(1.3 x P)	



1		MARYLAND STATI	DEPARTMENT OF HEALTH DRDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# 10 P		03830 CERTIFIC	CATE OF DEATH 03826
4 hours after by the funer and 2 Shouldesthin	1)	I. PLACE OF DEATH e. COUNTY WASHINGTON b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN	111111
ely filled in lars. Pages 1 hours after	X	SHANKTOWN MD. 56 YRS and NAME OF HOSPITAL OR INSTITUTION (of not in hospital, give street address) RESIDENCE J. NAME OF HOSPITAL OR INSTITUTION (of not in hospital, give street address) Middle	SHANKTOWN STREET ADDRESS NONE Last 4. DATE Month Dey Yest Yest
and plet care, pape of, within 72		DECEASED (Type or print) CHARLES 5. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED MALE WHITE WIDOWED DIVORCED	KAYLOR DEATH MAR 4 1962 19 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. JAN 10 1874 8875. 1 24
death certifical iding physician pleasmremmve	T	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER 13. FATHER'S NAME	
s that the defan. y the attend mit. The pl	T	ANDREW KAYLOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give were redeles of service) YES SPANISH AMERICAN NONE 18. CRUSE OF DEATH [Enter only one causa per I ne for [e) (b), and (c).]	MRS ZETA MURRAY KAYLOR, SHANKTOWN NORSY AND DEATH
THYSICIAN: The law requires the hospital or attending physicials this certificate has been signed by dor use as the burial-transit pensith prior to be all, cremition, or	0	Tractured His 20% Accident was underlying a 20%. Describe How Injury Occ On Contributing 13 Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED? YES NO MANUAL DISEASE CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED.
OR ATTENDING may be retained by DIRECTOR: After 3 should be detache Estall Dept. of He		Hour a.m. p.m. 19 While Not While at work 21. I certify that (I) (this hospital) attended the deceased from	that death occured at 120 M regim the causes and on the date stated above
Fig. HOSPIXAL Filh. Page 4 Jiractor, page 3 director, page 3 be filed with thi	1	22c. PHYSICIAN S NAME (Type) DAVID REMOVAL (Spocify) BURIAL MAR. 7. 1962 SHANKTON	M.D. PHYS. DIRECTOR P
VR A15 (4) 15M 7 61	B	Margaret Rowland CLEAR SPR.	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE



1 4	4	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
± 75°0		03831 CERTIFICATE OF DEATH 03827
affe	7	1. PLACE OF DEATH a. COUNTY 2. USUAL BESIDENCE (Where decessed lived, If Institution: Residence before admission as COUNTY)
E 27.1	Λ	Washington MARYLAND O. STATE MARYLAND b. COUNTY
E FEE	ン	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
24 Fig.		HARALESTAUN AND 3-MONTHS. Accorded Md
2 5 8 E	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS
THE CANA	- /	Wastern Mury Lund State Hosp P.O. Box 487 VESTINON
ted etely sers		3. NAME OF First Middle Last 4. DATE Month Day Year OF
100		(Type or print) Eclorice, Lamps Kenpais (1) DEATH March 23.19 62
9		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR, IF UNDER 24 HRS
and and cark		M. White WIDOWED DIVORCED 3-6-1894 Last birthday) Months Days Hours Min.
cafe ian ive		10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or loreign country) 12. CITIZEN OF WHAT COUNTR
ysic emo		PAVING CONTRACTOR Self Employed. HARRISDURG-PA U.S.A.
h ca	_	13. FATHER'S NAME
ding plea	T	LAWRENCE KEARNEY KATHERINE PALMER.
e te	رب	15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. GOCIAL SECURITY NO. 17. ENFORMENTY Address 1640 Cloples (Yes, not of unknown) (lifyasgivewarordatesofservice)
at the second se		116-12-7612. V. Henry Mulner 9100 K.
s the an. y th mit.		18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]
Sicilar Sicilar Per D		PART I. DEATH WAS CAUSED BY, Conges Time Trans the Merre. Gens
red Phy Phy igne isit		DUE TO 1 -1 D
ling an s		Conditions, if any, which ? (b) Arterio Sclesotic heart disease 6 year
bee bee		geve rise to immediate ceuse [a], steting the underlying DUE TO
T at a de bright		cause lest. (c)
la ste	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
Se as	2	3 Ul cerative Colitis
Price Price		20a ACCIDENT WAS ENDERLY NG L 20b. DESCR.BE HOW NURY OCCURED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
事を表す		
d by School		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20l. (City or town) (County) (State)
ND inex		Hour a.m. While Not While Patrory, street, office bidg., etc.)
He Cag		21. I certify that (I) (this hospital) attended the deceased from 2 - 14 1962 to 3 2.3 1962 that (I) (we) la
를 들는 모든 N		saw the deceased alive on
OIR Shake		226. SIGNATURE 226 DATE ATTENDING MED. STAFF 2 0 2 4 SIGNI
1 1 0 T		TALLEY 6. CHILL MD. PHYS. DIRECTOR PHYS. 2 2-29-1962
RA Page	1	1220 PHYS.C AVIS NAME PLYPS) 12 1/1/1/ 1 PHUN 22d. ADDRESS WESTERN INd. State Hospital
DSF UNN Por,	,	- 100 NCI C. CHOW Hagerstown, maryland
田寺の神		236. BURIAL, CREMATION. 236 DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town or county) (Stete)
S. S. a.T.		KOURIAL 3-21-1962 OI. PATRICKS CEMI. YORK- 1-ENNA.
VR A15 (4) 15M 7/61		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DM FOI		Scott F. Minnich & Son Hagerstown, Md. DATE MAR 27'62 Cillian A. 70 and

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA 03832 CERTIFICATE OF DEATH	AND 328
	PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND MARYLAND C. LENGTH OF STAY IN 16 C. CITY OR TOWN (if outside corporate limits, write RURAL end give neeres	GTO
) -	RESIDENCE RURAL YE	IS RES
	NAME OF DECEASED (Type or print) MICHAEL TANNER KEEFER MORTH MARCH 17 SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years (IF UNDER LYEAR IF U	Year 19 NDER 2
10	MALE WHITE WIDOWED DIVORCED 7/15/1871 90 vs. 8 2 2 s. USUAL OCCUPATION (Give kind of work pine during most of working life, even if refired) 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or foreign country.) 12. CITIZEN OF WHOME DIVORCED 12. CITIZEN OF WHOME DIVORCED 13. BIRTHPLACE COUNTY & State, or foreign country.)	AT CO
15	PETER KEEFER WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Address	•
	NO NONE S.A. KEEFER INDIAN SPRINGS 18. CRUSE OF DEATH Enter only one cause per line for (a), (b), end (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO S.A. KEEFER INDIAN SPRINGS INTERVA ONSET O	AND DI
	Conditions, if eny, which geve rise to immediate cause [b] DUE TO Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(e) 19. W	
CERTIFICATION	None None YES [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NOTIFY MEDICAL EXAMINER)	ERFOR
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work 19 et work December 15 19 MATCH 17 1662	(2
	21 certify that (I) (this hospital) attended the deceased from saw the deceased alive on March 16, 19 62, and that death occurred at 2:30 AM from the causes and on the date s	(I) (v tated 22b
\$	ATTENDING MED. STAFF PHYS. CAMERICAN STAFF P	3/
_	a. BURIAL, CREMATION. 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 3/19/1962 ST. PAULS CEMETERY WESTERN PIKE MI ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOLLANDER REMOVAL (Specify) ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOLLANDER REMOVAL (Specify) ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOLLANDER REMOVAL (Specify) ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOLLANDER REMOVAL (Specify) ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOLLANDER REMOVAL (Specify) ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOLLANDER REMOVAL (Specify) ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOLLANDER REMOVAL (Specify) ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOLLANDER REMOVAL (Specify) ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOLLANDER REMOVAL (Specify) ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOLLANDER REMOVAL (Specify)	(S)(



1	MARYLAND	STATE DEPARTMENT OF HEALTH	THE ORT & SAADW AND
M co s	DIVISION OF STATISTICAL RESEARCH AN OBJECT OF STATISTICAL RESEARCH AND OBJECT OF STATI	ID RECORDS, 301 W. PRESTON STREET, BAI RTIFICATE OF DEATH	03829
n 24 hours after filled in by the funeral Pages 1 and 2 should urs after death.		OF STAY IN 1b c. CITY OR TOWN (If outside corporate limit	COUNTY WASHINGTON s, write RURAL end give neerest town) e. IS RESIDENCE
be executed.	DECEASED (Type or pro!) 5 SEX 6 COLOR OR RACE 7, MARRIED NEVER A FEMALE WIDOWED DIV	WARRIED B DATE OF BIRTH 9. AGE (Interpretable) VORCED MARCH, 22,1894 67	yra 11 25
at the death certificate e attending physician of Then please remove coverly and in any event	10a/ USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) PETILIFD SCHOOL TEACHER PUBLIC 13. FATHER'S NAME 10a/ USJAL OCCUPATION (Give kind of work done during most of work and provided in the period of work and provided in the period of work done done done done done done done done	SCHOOLS BOANS BARO WASH. SCHOOLS BOANS BARO WASH. DELLA HOFF	CO. NID U.S.A
: The law requires the rathending physician. has been signed by the burial-transit permit.	18. CAUSE OF DEATH [Enter only one cause per line lor je], (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause lest.	nacy Thrombosis	USBORO INTERVAL BETWEEN SUSET AND DEATH PROCESSION PORTOR PO
DING PHYSICIAN ned by the hospital of Affer this certificate eleached for use as the of Health prior to by	206. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW IN OPE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. TIME OF INJURY Month, Day, Yeer Hour a.m.		PERFORMED? YES NO NO
HOSPITAL OR ALTEN W.H. Page 4 may be retain FUNERAL DIRECTOR; ecton, page 3 should be d filed with the State Dept.	21. I certify that (I) (this hospital) attended the desaw the deceased alive on Marie 16 19.6 22e SIGNATURE 22c. PHYSICIAN'S NAME (Type) G. Wille Van	ATTENDING MED DIRECTOR PHYS.	uses and on the date stated above
VR A15 (4)	REMOVAL (Specify)	DASBORO CEMETIERY BOMIS BALL ESS PECO BY REGISTRAR 25 HAR 2 2 162	WASH CO. MD.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 7. USUAL RESIDENCE (Where decaesed lived, if institution, Residence before edmission) a. COUNTY cessary, * STATE Pennsyivania b. COUNTY Dauphin Washington MARYLAND b CITY OR TOWN tif ourside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporeta limits, write RURAL end give neerest town) write_RURAL and give nearest town). Hagerstown 1 dav Harrisburg ĕ, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 15 15 Street YES NO 205 E. Lincoln Ave 4. DATE 3. NAME OF Middle DECEASED (Type or print) Anna Jane King DEATH March 62 19 6, COLOR OR RACE TO MARRIED TO NEVER MARRIED B DATE OF BIRTH 9. AGE (In yaers | IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthday) Months Days DIVORCED | Feb. 18, 1887 White Female WIDOWED [10a. USUAL OCCUPATION (Give kind of work |) 106. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Siele or foreign country) 12. C TIZEN OF WHAT COUNTRY? Give Pages 1, 2, rm PM3, Page dona during most of working life, even if retired) House Wife 0wn Home Carlisle. Penn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Fyler Sarah Beecher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgiva war or dates of service) Νo George L. King Harrisburg. 18. CAUSE OF DEATH JEnier only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronery Occlusion Instant IMMEDIATE CAUSE (a) DUE TO General Arterio Sclerois recent (6) gave rise to immediate cause **DUE TO** (a), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X edical 20e. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Itam 18.) PRIMARY | or CONTRIBUTING | MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year (Courty) (Stete) fectory, street, office bldo., etc.) While Not While Hour e.m. at work at work SHO SH 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI Inquiry and in my opinion Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE designat Ditto DEPUTY MED CAL EXAMINER NAME (Type) 215 se exe W. Washington St. Hag. Md . Addrass (Straat, city, town, or county) 226. BURIAL, CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Slefa) REMOVAL (Spacify) 3-6-62 Woodlawn Cemetery Burial Harrisburg, 246. REC'D BY REG STRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Scott F. Minnich & Son Cuhun S. Times 5M 7/59 Hagerstown, Md.

RYLAND STATE DEPARTMENT OF HEALTH



TO HOSPI

VR A15 (4) ISM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03835 CERTIFICATE OF DEATH 03831

1	1. PLACE OF DEATH a. COUNTY	11	2. USUAL RESIDENCE (When	e decessed hved, If institution: Resid	ence before edm ssion)
			a. STATE	b. COUNTY	
7	Mashington b. CITY OR TOWN (if outside corporate limits, c. LENGTH	MARYLAND	Maryland	Washington	
	write RURAL and give nearest town)	OF STAY IN 16	C CITY OR TOWN (IF SUISISS	corporate limits, write RURAL and giv	e nearest town)
	Hagerstown 6	Yra	Hagerstow	'n	
J	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give str	eel eddress)	d STREET ADDRESS		. IS RESIDENCE
	Gateway Conv Home		Y. M. C. A.		YES NO XX
	3. NAME OF First %	Arddle	Lesi 4. DAT OF	E Month De	y Year
	(Type or print) CHARLES KELLI	rp.	LANTZ DEA	TH Mamah 19 100	20 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER		DATE OF BIRTH	19. AGE (In yeers IF UNDER I YEA	261
	3 0			sast birthday) Months Days	-
			ept 3 1878	83 yrs.	
	Na. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NESS OR INDUSTRY	11. BIRTHPLACE (County & State	, or foreign country) 12, CITIZEN	OF WHAT COUNTRY?
	Clerk Retire	n he	ezs Leitersbu	999 a mi	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	rg wash vo	
1					
)	Charles L. Lantz		Sarah Katheri	ne Zentmyer	
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SEC (Yes, no, or unknown) (Hyesgive wer or detas of service)	URITY NO. 17. IN	IFORMANT	Address	
		3836 Web	gter W Lante	115 West Magn	oldo Asso
	18. CAUSE OF DEATH [Enter only one cause per line for (a), ()), and (c).)	77		NTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY:	C	Hagerstown M	d.,;	ONSET AND DEATH
	IMMEDIATE CAUSE (6)	- Chi	dac Ta	dille	24 mrs
	DUETO V	-1	20 001		49
	Conditions, if any, which to the trackite	les II	10VV elees		gara.
	gave rise to immediate cause	1 40	The state of the s	70 0 00	+- /
	(a), sleting the underlying	110 - TA	marcan To	The light	V
	cause last (c)	u vu	A	mpulation	_mit
h l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	ISE PONDITION GIVEN IN PART 1(a)	19. WAS ALTOPSY PERFORMED?
1	[5]				YES NO
	至 200 ACCIDENT WAS UNDERLYING □ 206. DESCRIBE HOW	INJURY OCCURED.	(Enter neture of injury in Pert I or Pe	art II of them 18)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1				
		(IMPER - OO BLACE	a action of		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC	4 .	E OF INJURY (Home, farm, 20f. (y, street, office bldg , etc.)	(City or fown) (County)	(Slate)
	p.m 19 af work at work				
	21. I certify that (I) (this hospital) attended the d	eceased from	uly 1953	10 May 12, 1962	That (I) (we) last
	the deceased alive on Land 12 1 196	1-	h-1		
	22e. SIGNATURE	a.ae., and real C	death Odrared arm	ion the causes and on the	/ 22b, DATE
	220. SIGNATURE	MX	ATTENDING MED.	STAFF	SIGNED
	1 antax river	-DILI UMD		PHYS.	1/14/62_
	226. PHÝSICIÁN'S NAME (Type)		22d. ADDIESS	11 16	1//
	David K-Dye	WET	Clear	Bring //	Lex! _
	23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAM	E OF CEMETERY OF	R CREMATORY 23d. U	CATION (City, lown or county)	(State)
	REMOVAL (Specify)		7.7	lane.	1
	Burial 3/15/62 Rose			The state of the s	o Md
		RESS	25a. REC'D BY RE	GISTRAR 256. REGISTRAR'S SIGN	IATURE
1	Andrew K. Coffman Hagerston	nn Md	DATE MAR 1 9	162 aling & the	aud



MARYLAND STATE DEPARTMENT OF HEALTH



1/		MARYLAND STATE DEPARTMENT OF HEALTH	
_ "(M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	03833
after neral could	~	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution	Residence before edmission)
hours by the fu and 2 sh death.	٦ ٦	b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL end give necest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give necest lown)	and give neerest town)
n 24 Filled in b Pages 1 a	四十四十	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	IS RESIDENCE ON A FARM?
etely pers.	DA	3. NAME OF DECEASED (Type or print)	Day Year NO
be exe		5. SEX 6. COLON OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years If UNDE lost birthdey) Months	
rificate sician a move c	1)	10a. JSLAL OCCUPATION (Give kind of work dona during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stele, or foreign country) 112. Country in the stellar of the ste	CITIZEN OF WHAT COUNTRY?
th cer g phy sse re in ap		13. FATHER'S NAME	4.5.4.
he dea thending sen plea al, and		15. WAS DECEASED EYER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 17. INFORMANT (Yas, no, or unknown) [(Fyes give were redeles of service)]	
that tan. If the anit. The remov.			AMS PORTMAN BETWEEN
Aquires hysicia ned by it perm in, or		PART I. DEATH WAS CAUSED BY: Haste Polynous y edema	48his
ding peen sign		Conditions, if any, which (b) Courgestive Heart Asi toco?	2 dyo.
The The bras by se burial, c		(a), stelling the underlying DUE TO causa lest. (c)	
rCIAN spital o ifficate a as the	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
PHYS the hosen this cer d for us		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA 20e. ACCIDINT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH OF ITHER, NOTIFY MEDICAL EXAMINER)	
NDING ined by It. After detached of Hea		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town)	ounly) (Stete)
ATTEN Se reta CTOR IId be		21. 1 certify that (1) (this hospital) attended the deceased from 3	9.62 that (D) (we) last
OR may the DIRE 3 shound he State		22a. SIGNATURE ATTENDING 2 MED. STAFF	3 - 9 SIGNED
Page 4 ERAL Page 4 with I	1	22c. PHYSICIAN'S NAME (Type) MF 22d ADDRESS 22d ADDRES	L US
HOS.	1	238 BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or course MOVAL (Specify)	inty] (Sata)
VR A15 (4)	CX X	BURIAL MAIS-10-1962 MANOR CEMIETERY NEAR 11-CH N	LANTON . NID_ S SIGNATURE L. TITALIA
TSM 7/61	16	alen N. Bast BOONSBORO MD DATE MAR 13'62 archur	



17		MARYLAND STATE DEPARTMENT OF HEALTH				
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND			
ह लिक	1	03838 CERTIFICATE OF DEATH	3834 _			
# 100 M		1. PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where decessed lived, if institutions Res. COUNTY e. STATE b. COUNTY	idence before edmission)			
Su S	/ _	WASHINGTON MARYLAND MARYLAND MACHINIA	NOTY _			
by t and dead		write RURAL and give nearest town)	've neerest town)			
din din frer frer	<u>}</u> '-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS				
Page rrs a	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	e, IS RESIDENCE ON A FARM?			
Post 1	-	3. NAME OF First Middle Last 4. DATE Month	YES NO NO			
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exe figure	/-	5. SEX 6. COLOR OR RACE 17, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	19 6 2 EAR IF UNDER 24 HRS.			
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an a		10s. USUAL OCCUPATION (Give kind of work 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & Stelle, or loreign country) 12. CITIZE	N OF WHAT COUNTRY?			
rtifici sici		done during most of working life, even if retired)	14.5 X			
phy se re		13. FATHER'S NAME WIFE OWN HOME LOCUST LROVE WASH, CO.MO	· (1°0°1)			
ding ding olea: nd i		DANIEL SMITH MATILIE CELTMACHE	-/7			
then for all, all			Vashington 37			
The ar			A. don			
A SET		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c) (INTERVAL BÉTWEEN			
D O		PART I. DEATH WAS CAUSED BY: GRULL attendocleus a and	_			
Sign Sign Pition		DUE TO	100			
faw Iding Sen al-tra		Conditions, if eny, which (b) fortere achieve what chiefare	5-10-yen			
The street street burit		(e), stating the underlying DUE TO				
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his of the physical p		200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW NJURY OCCURED. (Enter nature of injury in Part II of Item 18.) OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
by the sale		ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown)	(State)			
Aff Aff Setac of F	1	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County factory, street, office bldg., etc.)				
P S d	1	21. I certify that (I) (this hospital) attended the deceased from Paus	/ that (I) (wer) last			
ATIO BECT D D		saw the deceased alive on				
Star Star		22 SIGNATURE	22b, OATE			
141° =		Club W. W. A. C. M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	3/5/62			
Page With	,	22c, PHYSICIAN S NAME (Type)				
NE PA	1		gerstown, Mo			
出版	2	238. BUR AL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)	(Stole)			
5 0 0 U		JUNIAL MARCH 8-1962 KOHRERSVILLE CEMETERY KOHKEISVILLE WAS	SH. CO.MV _			
VR A15 (4)	1	FI (201 12)				
101 101	1	den C. DOCNSBORO NUL DATE MAR 1 3 '62) CIRCUA S.				



RYLAND STATE DEPARTMENT OF HEALTH STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed I'ved, If Institution Residence before admission) ny de ay is necessary, funeral director. Page ained for your files. a. COUNTY Health, b. COUNTY Washington Washington Marvland MARYLAND b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN(If outside corporate limits, write RURAL and give naerest town) write RURAL end give nearest lown) -6 Hagerstown months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1015 Hamilton Blvd. 1015 YES NO TO lton 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Mary Martin March 19 62 6. COLOR OR RACE 7, MARRIED THE NEVER MARRIED TO B. DATE OF BIRTH 9. AGE [In years | IF JNDER I YEAR IF UNDER 24 HRS. lest birthdey) Months Female May 9. WIDOWED -DIVORCED 1 F. Ars. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired) Housekseper Home Hagerstown, Maryland P.M.3. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Martin Anna Gearhart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Addrass [Yes, no, or unkown] | (Ifyesgivewerordates ofservice) Office along with fa burial-transit permit moval, and in any e No Joseph P. Martin Maugansville. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), sletting the undarlying Examiner cause last. be used PART II. OTHER SIGNIF. CANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1'41 19. WAS AUTOPSY CERTIFICATION PERFORMED | Pino 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) fectory, streat, office bldg., atc.) Hour e.m. Whila Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes X Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED.CAL EXAMINER DATE SIGNED SIGNATURE PUNERAL 8 DEPUTY MEDICAL EXAMINER TO 3/23/62 EXAMINER'S Howard N. Weeks, M. D. bluods NAME (Typa) Address (Streat, city, lown, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) O Burial Greencastle 246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE Chilling S. Krons VS. A15ME Greencastle. Pa. 5M 7/59 DATE



		MARYLAND STATE DEPARTMENT OF HEALTH Division_of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
TE		03840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2000		
EPT.	1.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if 'nstitution: Resi	dence before admis		
1	_	Washington MARYLAND . STATE Maryland b. COUNTY Wash	ington		
,	R	b. CITY OR TOWN (if outside corporate limits, write RURAL and g write RURAL and give nearest lown) Rural) William sport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS	va naarest town) e. IS RESIDE		
		Williamsport RFD #1 NAME OF DECEASED Williamsport RFD #1 NAME OF DECEASED Williamsport RFD #1 Modulin Williamsport RFD #1	YES NO		
	5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR			
1	0	remale white widowed D. vorced Nov. 28 1961 ym. 3 21	N OF WHAT COUN		
		The state of the s	S.A		
!	15. (Yi	Raibh Mauck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yos, no, or unknown) (Ifyos g 'vo were ordales of service) NO Raibh Mauck Shirley Holland Willfallisport No. Ralph Mauck RFD #1	Md.		
		18. CAUSE OF DEATH [Entar only one cause part ine for [a], (b), and [c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b)	INTERVAL BETWEE		
		(a), stating the underlying DUE TO	-		
A	CERTIFICATION	PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	19. WAS AUTO PERFORME YES NO		
			/ —		
	MEDICAL) (State		
		death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner	nd in my opini		
		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2	DATE SIGNED		
P		EXAMINER'S NAME (Typa) Address (Street, city, town, or county)	23/62		
	I .	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(Stata)		
		Burial March 24-62 Greenlawn Cemetery Williamsport Md.			



TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY **b.** COUNTY by the and 2 death. WASHINGTON MARYLAND MARYTAND WASHUNGTON b. CITY OR TOWN (if outs de corporata limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in b Pages 1 a urs after o HAGERSTOWN DAY HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS WASHINGTON COUNTY HOSPITAL 936 CHESTNUT STREE 3. NAME OF 4. DATE Midd e Month DECEASED OF (Type or print) DEATH CLIFFORD McCLELLAND 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH last birthday) Months Days WIDOWED T DIVORCED OCTOBER MALE 10s. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOSP TTAL STATIONARY ENGINEER LINGANORE MARYLAND II-S-A-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AGNES V BARNES JOHN W MCCLELLAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Ad drass (Yes, no, or unkown) ! (If yes give wer or dates of service) MRS. HAROLD L SMITH HAGERSTOWN MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gava risa lo immediale cause **DUE TO** (a), stating the underlying causa fast. PART II, OTHER SIGNIF CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of item 18.) 208. ACCIDENT WAS UNDERLYING TI OR CONTR BUT NG CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) Month, Day, Year factory, streat, offica bldg., atc.) Whila Not While at work at work p.m., to3/J.........., 162, that (1) (we) last 0 21. I certify that (I) (this hospital) attended the deceased from.... 2 and that death occurred at MP. M. from the causes and on the date stated above. saw the deceased alive on...... 228. SIGNATURE ATTENDING ... STAFF MED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN 5 NAME (Type) HOWARD N WEEKS 136 N POTOMAC ST. HACERSTOWN MARYLAND 23c. NAME OF CEMETERY OR CREMATORY | 23d, LOCATION (City, town or county) 23e, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) HACERSTOWN MARYLAND ROSE HILL CEMETERY BURITA 24 FUNDRAL BIRECTOR'S 25s. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 would S. France HOME HAGERSTOWN

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM? YES NOTY

19 62

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND-DEATH

> PERFORMED? NO .

> > (Stata)

22b. DATE

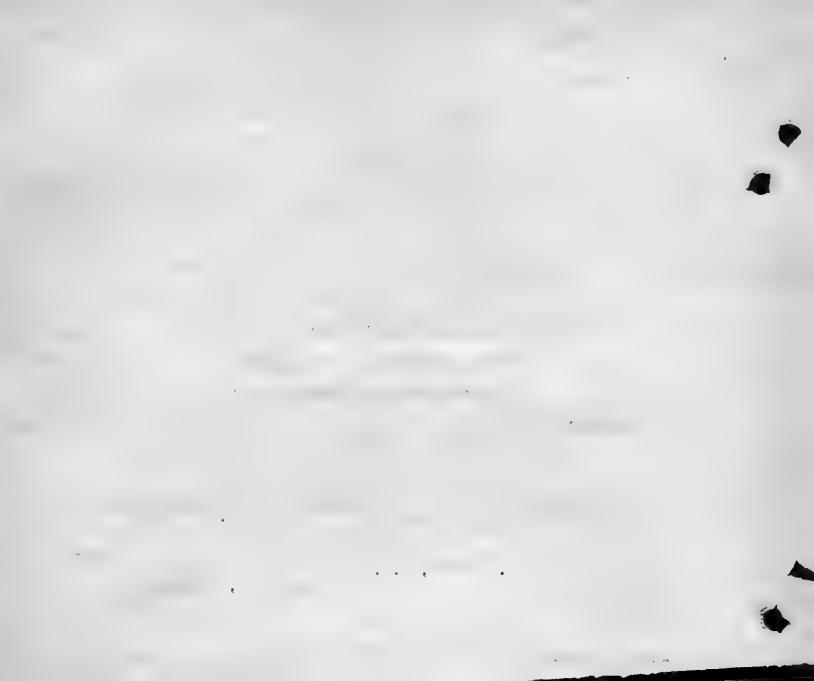
SIGNED

Year

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1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIA	MORE 1, MARYLAND
L == -	1	CERTIFICATE OF DEATH	03838
funer the state of			d, If Institutions Residence before edmission) OUNTY WORGAN
by the		b. CHY OR TOWN (if outside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	
in ages is after	Z	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g v reet address)	o. IS RESIDENCE ON A FARM?
etely fi	3.	NASHINGTON COUNTY Hospital NAME OF Hospital DECEASED A DATE OF	lonth Day Yaar
ple page	5.	(Type or print) / INA ATHERINE / ICHALL DEATH //AA	OCH 19 1962 BOTS IF UNDER 1 YEAR IF UNDER 24 HRS.
cafe be an and ve carb, vent, v	100	JUNE 16 1895 Colore of work 10h KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stole, or fore gn county	3.
certifi physici e remo	_	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	U.SA
death death	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT	ov _
the atter. Thermoval	(Y	as, no, or Ankawn) (Ifyas give werord eles af service)	BURGH , B. TINTERVAL BETWEEN =
ysician ysician ed by permi	`	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Coronary Insufficiency	onset and death
law recting phen sign		Conditions, if any, which the Conditions of the	indeter
The attenders be burial, critial, cr		geverise to immediate cause	l year
CIAN pital or ficate as the to bu	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION PROUMONITIES	GIVEN IN PART I, a) 19. WAS AUTOPSY PERFORMED? YES NO 1
PHYSI the host his cert for use th prior	CERTIFIC	206 ACCIDENT WAS UNDERLY NG 206. DESCRIBE HOW INJURY OCCURED, (Enfor nature of 'n'ury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
DING hed by After; After; etached of Heal	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer Pour a.m. And the pure series of	(County) (State)
ATTEN be retail CTOR: Ild be d		21. I certify that (i) Maximum attended the deceased from March 6 9:162 pm arch saw the deceased alive on 15 rch 19 19 62, and that death occurred at	h 19, 1962, that (I) (XX last ses and on the date stated above.
OR HE State		220. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS.	3-21-62 SIGNED
Page , page , with I		PHYSICIAN'S William T. Layman, M.D. 22d. ADDRESS 5 Public Sque NAME (Type) Hagerstown, Mary.	
lirector Se filed	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City REMOVAL (Specify) 3-02-12 MT. ZION	(Stele)
VR A15 (4)	24	TONINAL DIRECTOR'S SIGNATURE ADDRESS COLLEGE AND ADDRESS COLLEGE BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
15M 9/60	K	July J. HILLEY - DERKELEY PRINCES N'6) DATE MAR 23 '62	Cultury 2. Hinns



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAE CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY b. COUNTY Washington MARYLAND Franklin b. CITY OR TOWN (if oulside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) Hagerstown Wavnesboro d. NAME OF HOSP, TAL OR INSTITUTION (if not in hosp ta, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Washington Co. Hospital YES NO THE 87 W. Main St 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH 1962 LLOYD CALVIN MILLER March 1,000 and cor 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 5. SEX 19. AGE III Years IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH ast birthday) Months | Deys D VORCED WIDOWED 1Da. USUAL OCCUPATION (GIVe kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pattern Maker Washington Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chauncey C. Miller Edith Weddle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOC. AS SECURITY NO. 17. INFORMANT Ad dress (Yes, no, or unkown) (Ifyasgive werordetes of service) Mrs. Lloyd C. Miller Wavnesboro. Penna. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART J. DEATH WAS CAUSED BY: CARCINOMA OF URINARY BLADDER IMMEDIATE CAUSE (e) 6 vears DUE TO GENERALIZED CARCINOMATOSIS Conditions, if ony, which gave rise to immediate causa DUE TO (e), stefing the underlying PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? NONE 200, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 201. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from 1-28-56..., 19..., to 3-7-..., 19.62 that (I) (we) last 22e. SIGNATURE 22b. DATE SIGNED DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) WARDEN, M. D. 832 Potomac Ave., Hagerstown, Md. 238. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) Burial Green Hill Waynesboro, Penna ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUS VR A15 (4) 15M 9/60 Waynesboro. Penna. Cinthur S. Thous DATE MAR 1 2 '62

MARYLAND STATE DEPARTMENT OF HEALTH



M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03840
funeral should	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admiss a. COUNTY 3. STATE b, COUNTY
by the and 2 death.	b. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
din ess 1 after	- HAGERS TOWN 4 DAYS EALLES MILL RORAL 10. IS RESIDE
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and carbon the with	Too. USUAL OCCUPATION (Give kind of work of core aduring most of working, ife, aven if ratirad) DECEASED (Type or print) S. SEX OF DEATH DEATH DECEMBER 12. 1885 OF DEATH DEATH DEATH DECEMBER 12. 1885 OF DEATH DECEMBER 13. 1885 OF DEATH DECEMBER 14. 1885 DECEMBER 14. 1885 OF DEATH DECEMBER 15. 1885 OF DECEMBER 15. 18
physician remove n any eve	HOUSE WIFE OWN HOME HAGERSTOWN WASH, CO. MD. 4.5.14
ding in plant	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECORTY NO., 17. INFORMANT BENNETT
nding physician. sen signed by the at ial-transit permit. The cremation, or remova	(Yas, no, or unknown) (Ifyas giva war or dales of service) NO 18. CAUSE OF DEATH Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (b), Arthur was Verton to will all of the line of th
the hospital or after his but for use as the bur the purity prior to set the bur the purity prior to set the purity of s	[a), stelling the undarlying DUE TO cause lest. [c] PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORME YES NO 2Da ACC DENT WAS JUDGELYING 2Db. DESCRIBE HOW INJURY OCCURED, IEn's natura of injury in Part I or Part I of Iam 1B.) OR CONTRIBUTING CAUSE OF DEATH (If ETHER, NOTHEY MEDICAL EXAMINER)
CTOR: After illing be detached e Dept. of Real	ZDc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 4 Mour a.m. While Not While at work at wor
age 4 may lead by bage 3 shou with the Stat	21. 1 certify that (I) (this hospital) attended the deceased from June 20, 1951 to Menth 21, 1965, that (I) (we saw the deceased alive on Menth 21, 1965, and that death occured at AM, from the causes and on the date stated at 228. SIGNATURES 228. SIGNATURES ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRE
VR AIS [4]	238. BURIAL, CREMATION, 1 236 DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL MARCH 24,1962 BOONSBORD CEMETERY BOONSBORD WASH. COMP 258. VEC'D BY REGISTRAR'S SIGNATURE DATE MAR 2 7 '62 Chilmy S. Thanks



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RYLAND STATE DEPARTMENT OF HEALTH

STICAL DESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



- 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
		03846 CERTIFICATE OF DEATH 03	842
fune fune	M)	1. Place of Death a. COUNTY Washington 2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence (Where deceased lived, Institutions Residence (Where deceased live	anca balore admission
ead the		b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest lown)	e nearast fown)
lled in b	4 7400	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give straet address) d. STREET ADDRESS	e. IS RES.DENCE
etely fill pers. P	,	Washington County Hospital 603 W. Franklin St. 3. Name of Deceased A DATE Month of OF	YES NO Year
are be executed and complete carbo		(Type or print) James Lester Mongan Sr. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years If UNDER 1 YEAR Isst birthdey) Months Days Months Months Days Months Days Months Days Months Days Months Days Months Days Months Months Days Months	
certina physicia remov any ev		dona during most of wor- ng I le, even if retired) Truck Driver Bread Co. Brunswick, Md. 13. FATHER'S NAME	
ing ing		Christopher Mongan Annie Dunn	
e de de	I)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURTY NO 17, INFORMANT Address	
quires that the hysician. ned by the at it permit. The it or removal.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerobral hemorrhage	town, Md NTERVAL BETWEEN ONSET AND DEATH 2 days
attending plass been signal burial-trans	•	Conditions, if thy, which gava rise to immediate cause (a), stating the underlying cause last.	5 yr.
Spital or rificate h se as the or to bur		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8)	19. WAS AJTOPSY PERFORMED? YES NO
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ined by After detache		20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (County) fectory, streat, office bidg., etc.) (County) fectory, streat, office bidg., etc.)	(Steta)
ALLER be rela CCTOR uld be		21. I certify that (1) (this hospital) attended the deceased from Arril 8, 1957 to Parch 18, 1902 saw the deceased alive/on. March 181962, and that death occured at 55%, from the causes and on the	, that (1) (we) la date stated abov
4 may L DIRI s 3 sho		228 SIGNATOR MED. STAFF Mar	ch 19 SIGNI
Page UNERA ctor, page	1	Physician's NAME (Type) B. B. Kneisley, N.D. 22d. ADDRESS 148 West Washingto Harentown, Maryla	nd
direct file		23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Burial 3-20-62 Cedar Lawn Mem. Gardens Hagerstown, Mem.	(Stete)
VR A15 (4)	De	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	
15M 9/60	No	Scott F. Minnich & Son Hagerstown, Md. DATE MAR 22'62 Cholung &.	Thomas

MARYLAND STATE DEPARTMENT OF HEALTH



112	MARYLAND STATE DEPARTMENT OF HEALTH
M or of	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS
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uted. his pers. Page 22 hours &	3. NAME OF PLIEVILLE ROAD MIDDLE ROAD VES NO DOY YES NO DOY
mplete paper hin 72	(Type or print) ALBEIRTUS D. MULLENDORE DEATH MARCH, 8. 1962
cian ar	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Min. Months Months
_ = 2 = 7 1 1 1 1 1 1 1 1 1	INSURANCE AGENT GENERAL INSURANCE ROHKERSVILLE WASH CO.MD. U.S.A
ath ce	13. FATHER'S NAME
tendir	15. WAS DECEASED EVER IN U.S. ARRED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Myssigive warred belos of service)
that the a t	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
vires ricial by permit or re	PART I. DEATH WAS CAUSED BY: MARCH LOCATE CAUSE (a) Squally (Cell Care woll)
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ppital milicate rr to t	PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO 24
PHYS: the hose this cert d for us alth paid	PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO 2 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
NDING Bined by R: After detache t. of He.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fectory, street, office bldg., etc.) While Not While at work at work at work
TTE catalogue and the catalogue and per lead be	21. I certify that (I) (this hospital) attended the deceased from
OR Part by Should shoul	22a. SIGNATURE
AL I	M.D. PHYS. DIRECTOR PHYS. 3. 10. 62
OSP.	NAME (Type) Joje & DECONDARI BUONSBOKO MA
A die od	BURIAL, CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town or county) BURIAL, CREMATION. 23d. LOCATION (City, Town or county)
VN A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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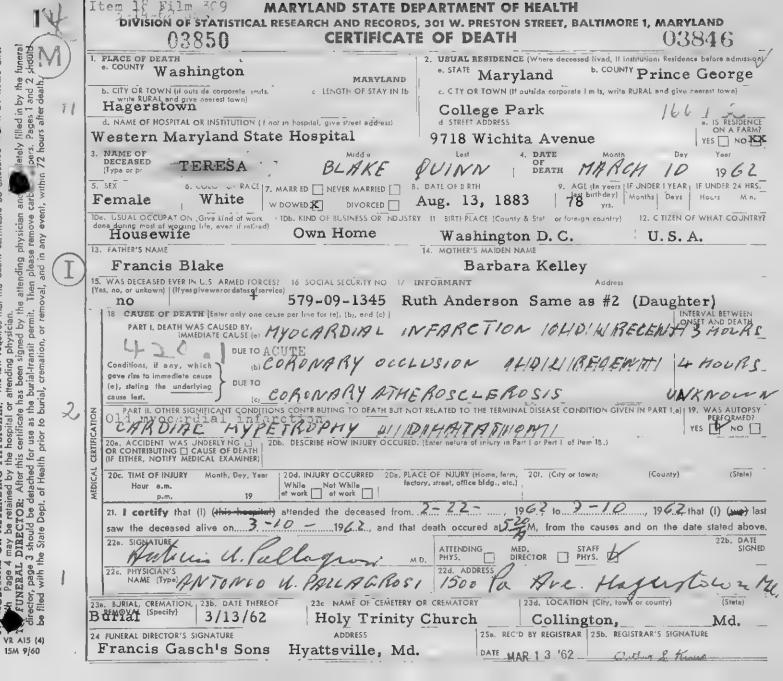
301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. 11m G509 funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Washington Washington Maryland by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Hagerstown Hagerstown vears .57 filled in Pages e. IS RESIDENCE d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? 545 W. Church St. Washington County Hospital YES NO 3. NAME OF DATE M ddle Yeer DECEASED 11 1962 Edward Nunamaker March (Type or print)Rov DEATH * . E , n years IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF JNDER 24 HRS. Jag birthday) Months Hours Male D YORCED WIDOWED [IDe. USUAL OCCUPAT ON (G've kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE County & State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if refired) Station Baltimore. Machanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nettie Gordan John Nunamaker 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Nrs. Viola Beall Hagerstown, 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, (Stete) 20f. (C'ty or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bidg., etc.) While Not While Hour e.m. et work et work attended the deceased from and that death occured at JA,M, from the causes and on the date stated above. saw the 22e. SIG ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRES PHI SICIAN 23d. LOCATION (City, town or county) (Stete) 230, BUR AL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMEVERY OR CREMATORY REMOVAL (Specify) Rose Hill Cemetery Hagerstown, Md. Burial ADDRESS 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE MAR 1 4 '62 arihan S. Thurs 15M 9/60 F. Minnich & Son Hagerstown, Md.

RYLAND STATE DEPARTMENT OF HEALTH



1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03849 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03845
HEALTH BEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institution, Residence before edmission) 3. COUNTY
E S S S	Washington . STATE Maryland b. COUNTY Washington
S THE TY	b. CITY OR TOWN (if outside corporate fimils, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
irecto your	Hagerstown Like 3 Hagerstown
Pose.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
uner uner ined ate ath.	Washington County Hospital 2204 Rowland Road YES NO NAME OF FIRST MORE
retai e St dea	DECEASED OY OY A4 OA OA OF OF OF OF OF OF OF OF
fig.	They that I waren 2 19 02
S S	lost birthday) Months Days Hours Min.
5 m d 2 hour	100. USUAL OCCUPATION (Give kind of work 100. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or fore an country)
\$ZE	done during most of working life, even if retired)
within	Housewife Own Home Silghnanton, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Z Z X	George Moats Rebecca Rohrer
erm Ven	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) [(Ifyesgivawarordelesofservice)] Address
発見を	No None Mr. A. C. Palmer 1216 Glenwood Ave. Hagerstown, Md.
0 × 2 0	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]
along slong transit and in	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH A DAYS ONSET AND DEATH A DAYS ONSET AND DEATH
Marie Liver I	O. DUETO
Office burial moval	Conditions, If any, which gave rise to immediate cause
sed as a	(e), sleting the undarlying DUE TO
in Sed of	cause last. (c)
2 de 10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY IN OF CONTRIBUTING II SLIPPED TOOL SLIPP
ducal uld b	YES NO YES NO PESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part Lor Part II of Itam 18.)
shoul	206. EXTERNAL CAUSE WAS PRIMARY IN OF CONTRIBUTING ID Stool Slipped from person climbing onto it in an attempt cause of Death. at hanging herself. The then fell striking her head on base
O Signature of the sign	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. FLACE OF INJURY (Home, farm, 20f. (City or town) Ment (compy) (State)
Pago T	Hour 1 19 62 et work Home Hagerstown Wash. Mi
O O Propried	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
i t	death resulted from: Natural causes . Accident . Suicide . Homicide . Unbetermined manner
IRE age	CHIEF MEDICAL EXAMINER
O B	ACTURE SIGNATURE DATE SIGNED
RAI	EXAMINER'S LINE OF DEPUTY MEDICAL EXAMINER X
FUNERAL	NAME (Type) C. Y. & V EE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	22e. BJRIAL, CREMATION. 22b. DATE THEREOF [State] 22c. NAME OF CEMETERY OR CREMATORY [22d. LOCATION (City, Iown, or country)] (State)
D.g	Surial 3/5/62 Rest Haven Cemetery Hagerstown Md. 23. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
SME TO	2 . 1. 2 . 1. 2
100	Rest Haven Funeral Chapel Hagerstown, Md. DATE * 6 '62 Without S. Thomas
	11/1 (1 /t-nt







1		MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
a 현고/ · ·	_	03851 CERTIFICATE OF DEATH 03847
be fune 2 shou	1.	PLACE OF DEATH a. COUNTY WAS hing Ton MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) b. COUNTY Was h.
in by the land ter deal	. _	b. CITY OR TOWN (I ourside corporate I m. is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporate hym is, write RURAL and give nearast town) X RURAL end hive near strown X RURAL — Hagers foun
Page Page		d. NAME OF HOSP TAL OR INSTITUTION lift not a hospital, give street address Hagenstown Rob VESK NO IS RESIDENCE ON A FARM? Hagenstown Rob VESK NO
bletely sapers. 72 hc	3.	NAME OF Sirst Modele POLICE OF DEATH MONTH Day Year OF DEATH MONTH Day Year
nd exe	5,	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR ED 8. DATE OF BIRTH 9. AGE (In yeers HE UNDER 1 YEAP) IF UNDER 24 Hrs.
ricate I cian ar ove ca ovent,	10 de	WIDOWED S DIVORCED 23/87 190 yrs. B. USUAL OCCUPATION (Giving the even if parents) and of work 10b. KIND OF BUSINESS OR INDUSTRY 11' EQ. (1) E County & Steel , or foreign country, 12. CITIZEN OF WHAT COUNTRY in parents of working the even if parents of working the even in the even of the eve
physic r erem	13	House Keeper Home Keid Md. U.S.A.
death and ing and in	15	Joseph Eshleman Susanna Horst RDG
hat the he atte Ther movat,	(Y	25. My yakown) (Ifyas give wer ordetes of service) - Phis. Frantin Showalter Hog., md
vires H sician od by I perm t		18. CAUSE OF DEATH (Erter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia L2 days.
w req ng phy signe rans:t nation		DUE TO Conditions, if eny, which (b)
The la ittendin s been burial-t		geva risa to immediate cause (a), stating the underlying DUE TO
IAN: al or a ale ha s the b	NO	PART II, OTHER S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
WSIC) hospit certific use a	3	Arteriosclerotic Cardiovascular Disease. Anteriosclerotic Cardiovascular Disease. YES NO Part Or Port O
this of for	AL CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING by ined by detached	MEDICAL	Hour a.m. While factory, street, office bldg , etc.)
ATTEI Se rela CTON Id be		21. I certify that (I) (this hespital) artended the deceased from Mar. 3,, 1962 to Mar. 12, 19 Shat (I) (we) lass saw the deceased alive on 13. 1962, and that death occurred at 1. M. from the causes and on the date stated above
OR may burner burner should should be State		22a. SIGNATURE ATTENDING ATTENDING ATTENDING PHYS. ATTENDING DIRECTOR PHYS. ATTENDING PHYS. ATTENDING DIRECTOR PHYS. ATTENDING PHYS. ATTENDING DIRECTOR PHYS. ATTENDING P
age 4		22d. ADDRESS NAME (Type) R. A. Bell, M. D. 119 N. Potomac St. Hagerstown, M. d.
HOSI FUNI filed	23	BURION, CREMATION, 23b. DATE THEREOF 23c TAME OF COMETERY OR CREMATORY 23d. (OCATION (City, towygor county) (Stote)
VR A15 (4)	24	FUNESAL DIRECTOR'S SIGNATURE ADDRESS Z50. REC'D BY REGISTRAR'S SIGNATURE
15M 9/60		A.E. Minney- Dreincaste, Va DATEMAR 15'62 arily & thous



1			I	MARYLAND:	STATE DEPART	MENT O	F HEALT	H-BALTIN	ORE, 18		
5	n		03852		L EXAMINED		TIFICA	TE OF DE	ATH Re	g, Dist. No.O.	3848
F 5			LACE OF DEATH					Where deceased live	d. If institution: R	lexidence before pr	dmission)
ds &		ľ	. COUNTY WASH	HINGTON	MARYLAI	ID O. ST/	ATE MARY	LAND	b. COUNTY	WASHIN	GTON
. <u>5</u>		Ь	CITY OR TOWN If outside corps	orote limits, write RURAL	e. LENGTH OF STAY IN	b c. Cli	Y OR TOWN (I	f outside corporate	limits, write RURA	L and give nearest	lown)
- PG			HAGERSTOWN		FEW MINUT	ES X	CLEAR	SPRING.	MD.		
2 /	\/	d	NAME OF HOSPITAL OR INS	TITUTION (If not in ho	spitol, give street address)	d. ST	REET ADDRESS				RES DENCE
, E	XI	L	in yard of hi	s home			NONE				□ NO [A
hrar	,	3.	IAME OF DECEASED	First	Middle		Lasi	4. DATE	Month	Day	Year
S.			Type or print) BOYD		MARTIN	ROBIN	SON	DEATH MAT	CH	10.	19 62
2		5. S	6. COLO	R OR RACE 7. MARRI	ED # NEVER MARRIED	B. DATE OF	BIRTH	9 AG	E (In years IF UN	DER TYEAR IF U	
£			MALE WE	TTE WIDOWE	DIVORCED	FEB.	28. 1	/	6 yrs. Mont	D I2 Hou	rs Min.
ž.		10a	USUAL OCCUPATION (Give kuring most of working life, eve	ind of work done 10b.	KIND OF BUSINESS OR IND	STRY 11. BII	RTHPLACE (Stote	or foreign country)	12.	CITIZEN OF WH	AT COUNTRY
2		Ĭ	EXPIDITOR		IRCHILD STR	ATOS	CLEA	R SPRING	MD.	U.S.A.	
-		13.	FATHER'S NAME				HER'S MAIDEN	NAME			
			JOHN H. F	OBINSON			MARY E	STHER RU	JEBECK		
- (T		WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO. 12				Address		
	C 1			D WAR 11	216-14-59	56	MRS	MARIE RO	BINSON	CLSPG	. CTM
			18. CAUSE OF DEATH [Enter							INTERVAL BE	TWEEN
			PART I, DEATH WAS CA	LUSED BY, E CAUSE (o)CO	ronamy Ocely	oi on				Theta	
			400	DUE TO	t Utterly Victory	5101				L.515 be	H 6
			Conditions, if any, which		herosclerosis	Serre	ma			Recer	+
			gave rise to immediate cause (o), stating the underlying	0115.70	HETUSCHEIT (1818)	, 0575				HEGE	LL
			couse lost.	(c)							
	-1	Z O	PART II. OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATE	D TO THE TERM	NAL DISEASE CON	DITION GIVEN IN	PART 1(o) 19. WA	AS AUTOPSY
	2	CATION								YES D	
		<u>u. </u>	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	20b. DESCRIB	E HOW INJURY OCCURRED	(Enter noture	of injury in Por	t I or Port II of item	18.)		
		ŭ	CAUSE OF DEATH.								
		MEDICAL	Ma			LACE OF INJ	JRY (Home, form office bldg., etc	n, 20f. (City or tow	n)	(County)	(State)
		WEL	Hour e. m. P. m.	19 of w	e Not while ork of work			"			
			21, I certify that I tac	k charge of the	remains described a	bove, held	an Autaps	y 🗷 , Inspec	tion 🔲 , Inc	quiry [], and	d find that
			death resulted fram:	Natural causes	图, Accident 🔲, 🥄	vicide 🔲	, Hamicide	Undete	rmined cause		
			A	D. D.	~/						
			ACTUAL SIGNATURE	W. An	To h	M.D. CH	HEF MEDICAL E	XAMINER 🔲		DAT	E SIGNED
jo	2		200		1	AS	SISTANT MEDIC	AL EXAMINER	3_30	2-62	
DEL	or.		EXAMINER'S NAME (Type) Dr. E	W. Ditto.	Jr.	DE	PUTY MEDICAL	EXAMINER 🔄	J-1.2	. 02	
Ir re		220.	BURIAL, CREMAT ON, 226. D	ATE THEREOF	22c. NAME OF CEMETERY	OR CREMATO	RY	22d. LOCATION (City, town, or cour	nty) (S	tole)
0	^		BURTAL 3/1	3/1962	PROADFORDT	NC CE	METTERY	BROAT	FORDIN	MD	
(5) .	1	23.	UNERAL DIRECTOR'S SIGNATI		DI MONESSI OTCDI	140		D BY REGISTRAR	24b. REGISTRAR		
s(3) . 5	130	1	named Ka	woland.	CLEAR SPRIN	G, MD	• DATE	MINT 1 4 02	Charles-	n d receive	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03853 PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) COUNTY b. COUNTY Washington Washington MARYLAND Marvland b. CITY OR TOWN (if outs de corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL and give neerest town) Days Hagerstown Hagerstown
d. Name of Hospital or Institution (if not in hospital, give street eddress) d. STREET ADDRESS Wash County Hospital Washington West Smpletely 3. NAME OF Middle Last DATE DECEASED (Type or print) DEATH TRENE CHARLOTTE RUTH March 6 COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. 8. DATE OF BIRTH last birthdey) Months | Days Fenale WIDOWED KK 78 yrs. DIVORCED [July 18 10a USUAL OCCUPAT ON (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (County & State, or forman country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Housewife Scotland Franklin Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Lohman Annie Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Hyes give werer detes of service) Miss Helen L. L. Ruth 847 W. Mashington MITERVAL SETWEEN None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Hagerstown Md. g physicial signed by PART . DEATH WAS CAUSED BY CoronaryThrombosis and B.B.Block. IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic Heart Disease. Conditions, fleny, which b3 gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY Diabetes Mellitus 20b. DESCRIBE HOW INJURY OCCURED, senter neture of anyry in Pert I or Part II of Item 18.) 20e ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, Month, Day, Year 201. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work D.M July 19.59 to Mar. 24. 1962 that (1) (we) last attended the deceased from. 21. I certify that (I) (this hospital) and that death occured at SAM, from the causes and on the date stated above. saw the deceased alive op-22e SIGNATURE ATTENDING death. Page 4 rd of Function, page 3 director, page 3 be filed with the Mar. 26.1962. PHYS. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) R.A.Bell, N. Potomac St. Hagerstown, Md. 23a. BURIAL, CREMATION, 236 DATE THEREOF 1 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rest Haven Hagerstown Wash Cemetery Buria] ADDRESS 25% REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Coffman Hagerstown Md.

ARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM?

YES NO TO

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Hours

ONSET AND DEATH

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PERFORMED?

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Washington the id 2 sath. Washington warvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Hagerstown 30 Davs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Wash County Hospital West Franklin YES NO TO requires that the death certificate be executed 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH ${ t WILLIAM}$ HENRY SELBY March 19 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR and last birthday) Months Male WIDOWED T DIVORCED 76 June 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE [County & State, a topoign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Union Bridge Carroll USA Retired Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ξ Ella M. Slonaker Noah P. Selby ᇻ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rordetes of service) Liss Ruth V. Selby 206 E. Franklin St No 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c).] Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ituat IMMEDIATE CAUSE (a) Acute Goronary Ocalusion **DUE TO** Atherosclerotic Heart Disease 163 rs geve rise to immediate cause DUE TO (e), sleting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? with residual heaiparesis, left. NO X 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18. OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) tectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. | certify that (I) (this hospital) attended the deceased from FED. 3... .. 1992. that (I) (A) last saw the deceased alive on March 2 1962, and that death occured at 55 M from the causes and on the date stated above. 220. SIGNATURE 22b. DATE ATTENDING S.GNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN S 22d. ADDRESS Layman, I.D. William meratown, warstand 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Union Bridge Buria] View Cemetery Carroll 25s. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 1SM 7/61 Andrew K. Coffman Hagerstown Md. 6 '62 C. Thur & Thousa DATE VIAD

MINT OF HEALTH



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OSS 1
d in by the funeral set 1 and 2 should stee death.	1. PLACE OF DEATH a. COUNTY Washington b. COUNTY Washington b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2. USUAL RESIDENCE (Where daceased kived, if institution; Residence before edmission) b. COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Hagerstown d. STREET ADDRESS e. IS RESIDENCE
riter, papers. Pages 1. Within 72 hours after	765 S. Fotomic St. NAME OF DECLASED (Type or print) SHAFFER SHAFFER ON A FARM? YES NO A YES
nding physician an please remeye car and in any event,	10s. USUAL OCCUPATION (Give kind of work dope during most of working life, aven if refired) Retired Carpenter Home Building Bedford Co. Penna. 13. FAITHER'S NAME Henry Shaffer Charlotte Robb
attending physician. nas been signed by the atten burial-transit permit. Then ial, cremation, or removal,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyas givewar or dates of service) 175-/6-9891. W. Shaffer Bedford, Pa. 18. CAUSE OF DEATH [Enter only one camp per line for (a), [b), and (c) on the camp per line for (a), [b), and (c) on the cause (b) on the cause (b) on the cause (b) on the cause (c), staling the underlying of (c) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Bedford, Pa. INTERVAL BETWEEN ONE CAUSE (a) on the cause (b) on the cause (c), staling the underlying of (c) DUE TO (c)
and by the nospiral of Affer this certificate I effacthed for use as the of Health prior to but	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Par
in. Page 4 may be retain PUNERAL DIRECTOR. ector, page 3 should be diffled with the State Dept.	21. I certify that (I) (this hospital) attended the deceased from 2 1.1. In the causes and on the date stated above, saw the deceased alive 2.8. In the causes and on the date stated above, and that death occurred at 1, from the causes and on the date stated above, and the causes and on the date stated above, and the causes and on the date stated above, and the causes and on the date stated above, and the causes and on the date stated above, and the causes and on the date stated above, and the causes and on the date stated above, and the causes and on the date stated above, and the causes and on the date stated above, and the causes and on the date stated above, and the causes are caused the causes and on the date stated above, and the causes are caused the causes and on the date stated above, and the causes are caused the caused the causes are caused the causes are caused the caused the
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	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STA write RURAL end give neerest fown) 14 gerstown 2 Mont 3 Mont 3 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	h Rural La Plata	nits, write RURAL and give nearest town)
	estern Maryland State Hospital		On A FARW? YES NO NO NOTE: Month Dey Yeer
) 5	OVARD Charles SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	SHAREA OF BRITH 19. AGE B DATE OF BRITH 19. AGE Less b	MACH Z8 1962 (In yeers IT UNDER 1 YEAR IF UNDER 24 HRS. irthdey) Marylis Payer Hours I Min.
10 d	one during most of working life, even if retired)	INDUSTRY 11 BRTHPLACE (County & State, or foreign	yrs. 7 15,
	andyman For Estate Father's NAME	Williamsport Md.	U.S.A
	William H. Sharer WAS DECEASED EVER IN U.S. ARMED FORCES? No, or unkown) ((fyesgivewerordelesofservice)) RO 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY (MAEDIATE CAUSE (e) CEREN BRY	3Mrs. C. G. Payne Will	iamsport Md.
	Conditions, Freny, which governies to immediate cause	ATEROSCLEROSIS ZED ARTERIOSIERO	UNKNOWI SIS UNKNOW
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE PROPERTY OF THE PRO	YES NO
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WEDIO	Hour a.m. While Noi While el work al work	fectory, street, office bldg., etc.)	Z 8 1962 that (i) (wa) la
	saw the deceased alive on	nd that death occured at 4.24, from the	causes and on the date stated above
	22c. PHYSICIANS NAME (Type) ARTONIO U. PALLACI	RIST 1500 FOR AVE	Hajerstow- Me.
	turial March 31-62 Rivervie	ew Cemetery William	
2.	West Leuf Williamsport	DATE WAR 3 0 '62	25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



Reg. Dist. N. 3853 03857 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed b. COUNTY MARYLAND Washington Marvland Frederick Funeral b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) be c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) should Boonsboro weeks Rural Middletown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Reeder Nursing Home ON A FARM? YES T NO F NAME OF DECEASED Middle 4. DATE Month Yeor Day OF DEATH Edgar Ιι. 19 62 (Type or print) Sheffer 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Davs Hours white 27/1875 male WIDOWED DIVORCED [papers. 100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? general Maryland U.S. storekeener store corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Sheffer Amanda Shank 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Everett Moser, Middletown, Md. no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET_AND DEATH **DEATH WAS CAUSED BY:** IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO M 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour a. n. Not while While of work of work p. m. 21. I certify that I attended the deceased from 1964 that I last saw the deceased alive and Marc and that death accurred at M. from the causes and on the date stated above. **ADDRESS** (Stre ACTUAL SIGNATURE PHYSICIAN'S NAME [Type] 3212 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7962 Lutheran Cemetery Middletown. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Gladhill Middletown, Md. ompany, DATE APR 2 Chilman S. Maria

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	83858 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03854
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased I ved, If 'institut'on, Residence before admiss on)
₹ 8 ×	*. COUNTY Washington MARYLAND B. STATE Maryland b. COUNTY Washington
essary, r. Page files. Health	b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
actor.	write RURAL end give nearest town 20 yrs Hagerstown
dire dire	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS [6. IS RESIDENCE
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an do mak	Jemale White WIDOWED DIVORCED DANNARY 21, 1926 Jast birthday) Months Days Hours Min.
\$ 7°0 E	10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
hours ages 1 3. Pag ges 1 a	Housewife Own Home. Worthington, W. Va. USA
PA PA	John Shuttlesworth Josephine Michaels
E E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address
18. 4. 18. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	(Yas, no. or unkown) ((tyasgivewarordatasofsarvica) 235-34-4535 Mr. Wm. J. Skelley 400 Virginia Ave. Hagerstown, Md.
wiji wiji wiji wiji	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b) and (c)
ong ong insiit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH TOXEMIA (due to drugs) ONSET AND DEATH TOXEMIA (due to drugs)
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MINE Chief Chief o buri	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.ACE OF NJURY (Home, farm, 20f. (City or lown) (County) (State) Hour a.m. 19 at work at work
- M きゅごせい1/	Hour a.m. Whila Not Whila Perfory, arrest, office bidg., arc.)
C EX	21. I certify that I took charge of the remains described above, held an Autopsy A Inspection . Inquiry . and in my opinion
at Carried	death resulted from Natural causes [], Accident []. Suicide []. Homicide [], Undetermined manner [X]
Fibe c War War	CHIEF MEDICAL EXAMINER
Min the tropic form	SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
Sign Sign	EXAMINER'S 7 514 7 TO STEPUTY MEDICAL EXAMINER TO TENTANT
EPUTY Ise execute hould be frunERAL its designal	NAME (Type) Address (Street, city, town, or county) [226. BURIAL, CREMATION,] 226. DATE THEREOF 22c. NAME OF SMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
V2	REMOVAL (Spacify)
45 g	Burial March 24, 1962 Parrish Cemetery Worthington W.Ua. 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REG STRAK 246. REGISTRAY'S, SIGNATURE
VS. AISME	Rest Haven Funeral Chapel Hagerstown, Md. DATE MAR 27'62 Contract & Thomas
5M 9/60	TONE
	Ully C. Horot



RYLAND STATE DEPARTMENT OF HEALTH STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH funerel should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY Maskington 동건속 MARYLAND Laryland Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown 10 Days Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Wash County Hospital 262 Franklin YES NO TO 3 NAME OF Middle DECEASED (Type or print) OMAR HILL SMALL Larch 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months | Days Male. WIDOWEDER DIVORCED [July 10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore-gar country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Martinsburg Berkley Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cora Day Riner William Hill Small 15. WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) (If yes give we ror detes of service) Wilburn M. Wade 217-05-7779 2923 E. Monument St IB. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) Baltimore Md. PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) gave rise to immediate causa DUE TO (e), stoting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CATION PERFORMEDI 20e ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert or Pert II of stem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stefe) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) While __ Not While Hour e.m. et work at work 22e. SIGNATURE ATTENDING Y STAFF DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY Z3a, BURIAL, CREMATION | 23b. DATE THEREOF REMOVAL (Specify) Hagerstown Wash Ruria 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 {41 15M, 7761 Andrew K. Coffman Hagerstiwn Ad. DATE MAR 1 5 '62 C'allung S. Thousa



1	7	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13860 CERTIFICATE OF DEATH 03856
I in by the funers is 1 and 2 shoul fler death.	VI)	1. PLACE OF DEATH e. COUNTY Washington b CITY OR TOWN (if outside corporate limits, write RURAL end give neerest fown) Hagerstown 2. USUAL RESIDENCE (Where daceased lived, if institution: Residence before edmission) e. STATE Washington c. LENGTH OF STAY IN 16 C. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest lown) Hagerstown 4. STATE C. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest lown) Hagerstown
cian an appletely filled in 2000 car papers. Pages 1 event, within 72 hours after	Stage (et	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, Vashington County Hospital 3. NAME OF DECEASED (Type or print) Clora Sarah Smalts Death March Temale White Widowed Divorced Dec. 28 1881 102 USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY If BIRTHPLACE (County & Steele, or fore gn country) 103 USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY IF BIRTHPLACE (County & Steele, or fore gn country) 104 USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY IF BIRTHPLACE (County & Steele, or fore gn country) 105 USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY IF BIRTHPLACE (County & Steele, or fore gn country) 105 USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY IF BIRTHPLACE (County & Steele, or fore gn country) 105 USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY IF BIRTHPLACE (County & Steele, or fore gn country) 106 USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY IF BIRTHPLACE (County & Steele, or fore gn country) 112 CITIZEN OF WHAT COUNTRY?
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased kved, if institutions Residence before edmission) a. COUNTY b. COUNTY DAR WASHINGTON MARYLAND MARYLAND WASHINGTON

C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 write RURAL and a ve negrest lown? 10 MONTHS HAGERSTOWN DAMS BORD TO MONTHS

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NURSING 3. NAME OF DECEASED (Type or print) DEATH OR RACE 7. MARRIED MARCH. 6. IF UNDER 24 HRS NEVER MARRIED last buthday) Months WIDOWED LIRTHPLACE [County & State, or foreign country] 0 JSUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) AMPLES MANOR WASH, Ca. MD. 13. FATHER S NAME WLFE OWN 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service)! BAKEL BOONSBORD MRS. CLEMMIE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) IMMEDIATE CAUSE (a) everty of onless lowers DUE TO DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY O CURED, (Enter neture of injury in Pert I or Pert II of Item 18.) OF CONTRIBUTING [] CAUSE OF BEATH MEDICAL [Stete] 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Not While at work el work Zer 6, 1962 that (1) (we) last 21. 1 certify that (1) (this hospital) attended the deceased from. Achieves 19. and that death occurred at MPM, from the causes and on the date stated above. 220 SIGNATURE ATTENDING DIRECTOR PHYS. HOSPITA gth. Page FUNERAI 22d. ADDRES SECONDARI SOONS BORO 23c. NAME OF CEMETERY OR CREMATORY 23a. BUR.AL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) REMOVAL (Specify) DOONSIBORD "MAKCH. 9.1962 CEMETERY 25a, REO'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE VR A15 (4) 24 FUNERAL DIRECTORS SIGNATURE DOONSBORD DATE MAR 1 3 '62

RTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ATE OF DEATH 2. USUAL RESIDENCE [Where decessed lived, If 'nstitution, Residence before edmission] PLACE OF DEATH a. COUNTY b. COUNTY "ashington MARYLAND Maryland Washington b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Week Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS m. 15 RESIDENCE ON A FARM? Washington County Hospital 16 West Wilson Blvd YES NO TO 3. NAME OF 4. DATE DECEASED DEATH (Type or print) MARY SMITH WORTHAM March 22 1962 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Female WIDOWED TO DIVORCED TO Nov. 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Grayson County Ky. USA Mens Shop Tailor 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME E. E. Wortham Ettie Carrier 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detex of service No 520-16-1136 Mrs Myrtle Harmison 731 George St IB CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN Hagerstown Md. CHSET AND DEATH Pulmonary Edema. Ascites abdominous PART I, DEATH WAS CAUSED BY: days IMMEDIATE CAUSE (e) Auricular Fibrillation. Bundle Branch Block DUE TO 1 Hypertensive and Rheumatic Heart Disease 2. Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? None NO IN 20s. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING ACCIDENT 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) Month, Day, Yeer factory, street, office bldg., etc.l While _Not While Hour a.m. el work et work 21. I certify that (I) (XXXXXXXX) attended the deceased from March 22b. DATE 22n SIGNATURI ATTENDING SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 5 Public Square T. Layman. Hagerstown, Maryland 23d, LOCATION (City, town or county) 123c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Hagerstown Wash Cenetery Buria D.QSe _H111 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAR 2 7 '62 Andrew K. Coffman Hagerstown Md. DATE

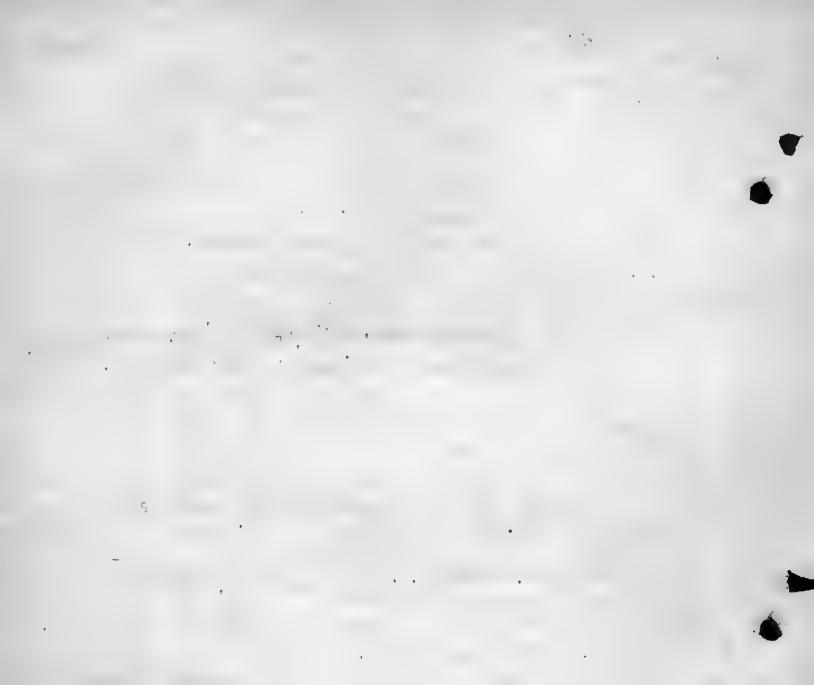
funeral

requires that the death certificate be

VK 7415 (4)

ISM 7/61

DEPARTMENT OF HEALTH



1	· N	MARYLAND STATE DEPARTMENT OF HEALTH Objection of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, MA OBJECTIFICATE OF DEATH	ARYLAND 03859
by the funer and 2 should death.	M)	1. PLACE OF DEATH 2. COUNTY 3. COUNTY 4. STATE 5. COUNTY 5. COUNTY 6. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town) 2. UBUAL RESIDENCE (Where deceased lived, If Institution: Residence where where deceased lived, If Institution: Residence where deceased lived, Institution: Residence where deceased li	HINGTON_
ately filled in pers. Pages 1	1	HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS MAIN ST., 3. WANSHINGTON CO. HOSPITAL Aniddle Last 4. DATE Month	o. IS RESIDENCE ON A FARM? YES NO 7
nd exect	(I)	3. NAME OF THE TOTAL STATE AND THE STATE AND	R IF UNDER 24 HRS.
death certificate ding physician a please remove cont.		10e. USUAL OCCUPATION (Give kind of work to a state of foreign country) 12. CITIZEN done during most of working lite, even if retired)	U.S.A.
quires that the d hysician, ned by the attend it permit. Then p		15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unknown) (Ifyasg vawacordatasofservica) NO NONE 219-36-3629 WILLIAM HULL 3737 LOCHEARN 18. CAUSE OF DEATH [Emer only one cause per line for (a), (b), and (c),]	E, MD. 7 DRIVE INTERVAL BETWEEN ONSET AND DEATH 10 days
AN: The law re or attending posts has been sign the burial-trans		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 16	10 years
ATENDING PHYSICIA by be retained by the hospital (RECTOR: After this certifical hould be detected for use as		CARCINOMA OF THE CERVIX WITH LOCALIZED METASTASIS 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of in, ury in Part I or Part II of Itam 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, '20f., City or town) (County)	PERFORMED? YES NO KX
		Hour a.m. p.m. 19 Whila et work street, office bldg., atc.) 21. I certify that (I) (Ibixxxxxxxxxx) attended the deceased from March 15, 1962 saw the deceased alive on March 25, 1962 19 and that death occurred at	, that (I) (WW) last date stated above 22b. DATE
HOSPITAL O		ATTENDING MED. STAFF PHYS. TY DIRECTOR PHYS. STAFF PHYS.	03/27/62 (State)
YR AIS [4 15M 7 ₁ 61	A B	BURTAI 24 HUNERAL DIRECTION'S SIGNATURE -28, 1962 ROSE HILL CEMETERY CLEAR SPRING 24 HUNERAL DIRECTION'S SIGNATURE -28, 1962 CLEAR SPRING, MD. DATE - 29'62 CARLING & KIN	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03864 S. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institutions Rasidence before edmiss on) a. COUNTY b. COUNTY ashington MARYLAND Laryland Washington

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown 2 Davs Hagerstown d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Hospital Moller Apts County 3. NAME OF 4. DATE Midde DECEASED OF (Type or print) DEATH HAZEL 19 STALEY March KINGSBERY 6 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH last birthday) Months | Days Hours WIDOWED TO 75 DIVORCED Fenale 21 1886 Dec 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? 10a USJAL OCCUPATION (Give kind of work dona during most of working I fa, even if ratirad) USA housewife Own Home Highmore Hyde 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Warten W. Kingsbery Et-Etta Goering Addrass [Yes, no, or unkown) | (If yas giva war or datas of service) No Mrs Louise Miller Moller Apta 18. CAUSE OF DEATH [Enter only one cause par line for ,a), (b), and (c)] INTERVAL BETWEEN Hagerstown Md. ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN DUF TO Conditions, if any, which pave rise to immediate cousa-DUE TO (a), stating the undarlying PART | OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01. 19. WAS AUTOPSY PERFORMED 15 20%, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part t or Part II of item 18) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. IC ty or town) (Stota) 20c. TIME OF INJURY Month, Day, Year (County) lectory, street, offica bldg., atc.) While Not While Hour e.m. at work at work 21. i certify that (I) (this hospital) attended the deceased from... ..., and that death occured a M, from the causes and on the date stated above saw the deceased alive on. 22b. DATE 22a SIGNATUR ATTENDING SIGNED DIRECTOR PHYS. PHYS. MD. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 318 N. Potomac St., Hagerstown, Md. Paul Harrison. M. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City, lown or county) (Stata) 236, BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) Lappans Cross Rd Cemetery Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Comment d. Pleases Andrew K. Coffnan Hagerstown Md. DATE

RYLAND STATE DEPARTMENT OF HEALTH

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7		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03865 CERTIFICATE OF DEATH 03861
A)		03861
	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss a. COUNTY b. COUNTY
	-	b. CITY OR TOWN (if outs do corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Y ^e		d. NAME OF HOSPITAL OR INSTITUTION (ill not in hospital, give street eddress) d. STREET ADDRESS To. IS RESIDER
		722 Oak Hill Ave. 722 Oak Hill Ave.
	3,	DECEASED
	K	
		Male White WIDOWED DIVORCED Nov. 1, 1906 last birthday) Months Days Hours Mi
	do	USJAL OCCUPATION (Give kind of work pose of the property of the property) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY Cabinet Maker FATHER'S NAME 14. MOTHER'S MAIDEN NAME
T	1	
(\mathbf{L})	15	John J. Starr WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17, INFORMANT Address
		es, no, or unknown) [III yes give wer or detectof sarvice)
	-	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arr thymia
		14-20
		Conditions, if eny, which) (b)
		gava rise to immediate cause
		(e), stating the underlying cause last.
4	Z O	PART I OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME
O	PATE	onjestive Heart Failure
	CERTIFICATION	20a, ACC DENT WAS JNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	Z	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stell
	MEDICAL	Hour a.m. While Not While at work at work at work
		21. I certify that (I) (this hospital) attended the decessed fromFeb12, 19.62 to .Match10, 1962, that (I) (we)
		saw the deceased alive on
		226 SIGNATURE 226. DA
		Harall W. Will A MD. PHYS. A DIRECTOR PHYS 3-12-02
1		22d. ADDRESS NAME Jypel Harold R. Tritch, Jr. MD 302 N. Potomac St. Hagerstown, Md
-1		
	23	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		Burial 3/12/62 Rest Haven Cemetery Hagerstown Md.
0		ADDRESS DECIDED AND REFICED AND REFICED AND COMMITTEE
China Mark	24	Rest Haven Juneral Chapel Hagerstown, Md. Date MAR 13 '62 Children & King & Kin



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed inved. If Institution, Residence before edmission) a. COUNTY **b.** COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give pearest town) weeks Rural Clearspring Hagerstown Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital Clearspring Md YES NO X 3 NAME OF Middle 4. DATE DECEASED Virgie (Type or print) DEATH 19 62 Mae Stevens March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF JNDER I YEAR | S. SEX IF UNDER 24 HRS. lest birthday) Hours Dec. Female WIDOWED X DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Near Mercersburg Pa. Store Owner Groceries 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME by the attending John J. Bowers Priscilla Tosten ፙ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Pinesburg Williamsport [Yes, no, or unkown] [[fyes give war or dates of service] 28 Mrs Raymond Staley RFD #1 Maryland No 26-81 18 CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).] ONSEL AND DEATH ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUF TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,311 19 WAS AUTOPSY CERTIFICATION PERFORMED? 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of Item 18.) WEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. 28 1962 to March 17, 1964 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from the 196 and that death occured at p.M. from the causes and on the date stated above. saw the deceased alive of the 22b. DATE 220 SIGNATURE ATTENDING PHYS. 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, 23s. BURIAL CREMATION, 1 23b. REMOVAL (Specify) 20-62 Greenlawn Cemetery Williamsport Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 15M 7/61



	DIVISION OF STATIS	STICAL RESEARCH AND RECOR	DS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
should M	038	67 CERTIFICA	ATE OF DEATH	03863
(NA)	PLACE OF DEATH			sed fived, if Institution; Residence before edmission)
LIE CONTRACTOR OF THE PROPERTY	Washingto	ate l'mits. c. LENGTH OF STAY IN 12	a. STATE Laryland	b. COUNTY Washington e limits, write RURAL and give necrest lown)
	write RURAL and give nearest to	wn)	X Hagerstown	71
-1	d. NAME OF HOSPITAL OR INSTITU	TION (if not in hospitel, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
		.Hospital	St. James V	illage YES NO K
	3. NAME OF DECEASED	F rst Middle	Last 4. DATE OF	Month Dey Year
	(Type or print) HARV	EY LEE STOTELLY	DPETH]	larch 20 1962
	5. SEX 6. COLOR OR	RACE 7. MARRIED NEVER MARRIED		GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. st birthday) Months Days Hours Min.
	Male White		January 8, 1870 9	S yrs.
	10s. USUAL OCCUPATION (Give kind done during most of working, ife, even	of work 10b. KIND OF 8USINESS OR INDUS if refired)	TRY 11. BIRTHPLACE (County & Stete, or fore	gn country) 12 CITIZEN OF WHAT COUNTRY?
	Farner	Retired	Wolfesville, Fre	d.Co.MdUSA
~	John Stoteln	cyer	Jane Gruber	
1)		ED FORCES? 16 SOCIAL SECURITY NO. 1 17		Address
-/	No		lgar Stotelmyer, 105	rerstown Maryland.
	18. CAUSE OF DEATH Enter of	nly one cause porting for ,e) (b) and (c).)	- ()	ROSE FILL AVE.
	PART I, DEATH WAS CAUSED IMMEDIATE CAI		and free my	fine 197.
	200.7	DUE TO		
	Conditions, if any, which	[b]	0	
	(e), stating the underlying	DUE TO		
	ceuse last.	(c)		
	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE FERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ス.	PART II. OTHER SIGNIFICANT	maray C	memica	YES Y NO
	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION	DESCRIBE HOW INJURY OCCUR	ED (Enter nature of injury in Pert I or Pert I of	tem 18.)
		MINER)		
			LACE OF INJURY (Home, ferm, 20f. (City or ectory, street, office bldg, etc.)	lown) (County) (State)
	Hour a.m.	19 at work at work		Var. S. Vd. C.
Ì		haspital) attended the accessed from	196 10/	that (I) (wastast
	saw the deceased alive on	Lauch - 196 Frand 1h	at deeth occured a 10. M, from th	e causes and on the date stated above
	22e SIGNATURE	77.01.	ATTENDING AS MED	STAFF 40 22b. DATE SIGNED
		(second	M.D ATTENDING MED.	PHYS. []
1	22c. PHYSICIANUS	I Read	22d ADDRESS	Jan. 40 10
i	Avair (1Abel	11100901	Ch They wa	your lat.
	236. BURIAL, CREMATION 236 DATE	TE THEREOF 230 NAME OF CEMETER	Y OR CHATORY 7234 LOCATIO	on (City, town or county) (Stete)
		23/63 Manor Cer	etery near	lilghmanton Wash Co.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25m. REC'D BY REGISTRA	R 256 REGISTRAR'S SIGNATURE
	Andrew K. Coff	han Hagerstown Mai	yland DATE MAR 2 3 '62	Culin & Kines
V		THE THE PERSON OF THE PERSON O	,	





1		MA DIVISION OF STATISTICAL RE		PARTMENT OF HEA	LTH ET, BALTIMORE 1, MARYLAND
7		03869		E OF DEATH	03865
	1,	PLACE OF DEATH		2. USUAL RESIDENCE (Where	daceasad lived, If institution, Ras danca batore adm ssion
y the	-	b. CITY OR TOWN (if outs de corporafa I mits, write RURAL and give neerest town)	MARYLAND c. LENGTH OF STAY N 16	c. CITY OR TOWN (If outside of	Washington ' orporata m fs, write RURAL and give neares! town)
Filled in by Pages 1 a zurs after d	-	Rural Lantz d. Name of Hospital or Institution (if not in	61 yrs.	d. STREET ADDRESS	tz R.D.1
letely pers. 72 ho	3.	NAME OF First	M ddle	Last 4. DAT	
within 2				tlemyer DER	TH March 4 1962 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Isat birthday) Months Days Hours Min.
ficale b ician an iove car event,	10	Male White Wide S. USUAL OCCUPATION (Give kind of work 10 and during most of working life, even if retired)	OWED DIVORCED J	me 24. 1877 Y TO BRITHPLACE County & State,	
ing physical certification of the same remains any distribution of the same remains any distribution of the same remains and the same r	13	FATHER'S NAME		Washington, 1	Md, U.S.A.
iftendin sen ples		Joseph Stottlemyer WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (Ifyasgivowarordatesofsarvica)	16 SOCIAL SECURITY NO 17 I	Martha Hurley	Ăddress
that the atthe attended to a the att	172	NO 18. CRUSE OF DEATH [Enlar only one cause		. Glen Stottlemye:	r Lantz., Md.
The law requires or attending physicia thas been signed to the bern signed transil permital, cremation, or remains the bear of		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gava rise to immediata cause (a), stating the underlying cause last. (c)	rfluerya		2-4wb,
SICIAI cospital cospi	CERTIFICATION			. (Enter natura of injury in Part I or Pa	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS! PERFORMED? YES NO
this control of the property o	1.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			A PARTY A
NDING by ined by detach, of He	MEDICAL	Hour a.m. p.m. 19	Whila Not While fact	CE OF INJURY (Homa, farm, pry, streat, office bldg., atc.)	
ATTE be rela ild be e Depi		21. I certify that (I) (this hospital), a saw the deceased alive on	tiended the deceased from.	death occured at \$304, fr	to 4 100 A 190 A that (i) (we) le om the causes and on the date stated above
HOSPITEL OR IN. Page 4 may large scror, page 3 should life with the State		22a. SGNATURE TOWN SCIAN'S NAME (Typay)	uns ho	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF 22b. DATE SIGNI 3-6-65
frescho	23	B. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		OCATION (City, town or county) (Stata)
VR A15 (4) 15M 9/60	24	FUNERAL DIRECTOR'S SIGNATURE SIETURE THE HERE	Strangs ADDRESS Waynesboro, Pen	25e. REC'D BY REC	ashington Co, Md. SISTRAR 256. REGISTRAR'S SIGNATURE 3'62 Crithur L. Haus



1		MARYLAND STATE DEPARTMENT OF HEALTH	
- m-		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH	03866
M Is a		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution and COUNTY)	Residence before edm ssion)
4 hours by the fu and 2 st and 2 st death:		b. COUNTY MARYLAND D. CITY OR TOWN (if outs de corporate limits, write RURAL agive nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outs de corporate limits, write RURAL agive nearest town)	HANGTON and give neerest town)
nin 2. Filled in Pages 1 rrs after to Apply 100 Apply 10		d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ppletely papers. 72 hou	3.	AHRINEY-KERDY MEMORIAL HOINE NORTH MAIN ST. NAME OF DECEASED OF (Type or print) (Type or print) DECEASED OF DECEASED OF DECEASED OF DECEASED OF	Day Year No
ar withir	5.	SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers IF UND) ass burthday) Months	Days Hours Min.
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ATTI / be rel ECTO ould be		21. I certify that (I) (this hospital) attended the deceased from	the date stated above
AL ON AL DIN See 3 sh the Si		22a. SIGNATURE MED. STAFF PHYS. DIRECTOR PHYS. D	22b. DATE SIGNED
ined with	-	22d. PHYSICIAN'S NAME (Type) JOSEPH SEC ONDARI 22d. ADDRESS BONS BOKO Ma	unity) (State)
Z di S	L -	BUNG MARCH 19.1962 BOONSBORD CEMETELLY BOONSBORD WASH	COMP
15M 7 6 1	24	FUNERAL PRECIOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR	S SIGNATURE 1 2. Kinne



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY L. COUNTY Washington Marvland Washington by the and 2 death. STATES SERVICE b. CITY OR TOWN (if autside corporete limits, c. CITY OR TOWN (If outside corporate I mils, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) 48 years Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 651 Court Ave YES NO 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH Ava Blondell Swain March 1962 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 1 8 DATE OF BRITH 9. AGE (In years | IF JNDER 1 YEAR! IF UNDER 24 HRS. Jast birthday) | Months | Hours Female Aug. 15. WIDOWED 3 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE [County & State, or foreign country, 12, CIT ZEN OF WHAT COUNTRY? House Wife even if retired) Luray. Va. Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Carl Kibler Irene Ruffner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Marie Lorshbaugh Hagerstown. Md 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Token - for - Hargier of Solk hege gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) 19 WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Port II of item 18.) 206. ACCIDENT WAS UNDERLYING [] OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICA1 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (State) 20c. TIME OF INJURY (County) Month, Dev. Year fectory, street, office bldg., etc.) Not While While at work at work 21. I certify that (I) (this hospital) attended the deceased from...... 196 , and that death occurred at Q.C.M. from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR M.D 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 236, BURIAL, CREMATION, 1 236. DATE THEREOF REMOVAL (Specify) Rose Hill Cemetery Hagerstown, Md. Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) wisher S. Thave 15M 9/60 Scott F. Minnich & Son Hagerstown, Md. DATE



ON STREET, BALTIMORE 1, MARYLAND 03872 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete lim is. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) GERSTOWN MOS IAMS DORT d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d. STREET ADDRESS a. IS RESIDENCE ON A FARM? TATE HOSPITAL YES NO X NAME OF Month Yeer DECEASED 62 (Type or print) DEATH 19 SOM 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF JNDER 24 HRS. NEVER MARRIED and last birthday) Months WIDOWED > DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE , County & State, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) STINS BURG OME MAKER 13. FATHER'S NAME . 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 1 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of unknown) i (If yes give were relates of service) HAGERSTOWN 18. CAUSE OF DEATH [Enter on y one cause per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO atheros clerosis Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying PART .. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW NUTRY OCCURED (Enter nature of injury 'n Pert I or Pert II of tem 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL Month, Day, Year 1 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While Hour a.m. el work at work p.m. tal) attended the deceased from ... 1961, to 3-22-, 1962 that (1) (wa) last 196 saw the deceased alive on., 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR 22d ADDRESS 22e PHYSICIAN S NAME (Type) 23a, BUR AL, CREMATION, 23b, DATE THEREOF NAME OF CEMETERY OR 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ral 254. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 [4] Cirting L. Misha



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
	a, STATE b. COUNTY
b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 1b	MARYIAND WASHINGTON c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
write RURAL and give nearest town)	E. CITT OR TOWN (II OUSING CORPORAL SHIRIS, WING KONNE and give healess town)
TACEDSTOWN I. MOS	HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d STREET ADDRESS IS RESIDENCE
	ON A FARM?
135 N CANNON AVENUE	1 609 SUMMIT AVENUE YES □ NO □
3. NAME OF First Middle	Last , 4. DATE Month Day Yeer
DECEASED	OF
(Type or print) LOUISE JULIA	THORNE DEATH MARCH 11 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	last birthday) Months Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED	DECEMBER 29 1905 56 vs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working tife, even if retirad)	***************************************
CORSETIERE SELF-EMPLOYED	HAGERSTOWN MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7 7767 A MARCENIA	CIT ATD A TO REMOVED STREET
J EZRA MUSEY	CLARA B NEXXX WHITE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unkown) (Hyssgivawarordetasofservice)	INFORMANT Address
	PARME M PRODUCT HAPESTORM MADVIAND
18. CAUSE OF DEATH (Enter only one cause per line for [a], (b), and (c).]	EANNE M THORNE HAGERSTOWN MARYLAND
	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY	nor-Astrocyteme 18 mo.
	Eldi filation of the
DUE TO	
Conditions, if any, which (b)	
gave rise to immadiate cause	
(a), slating the underlying DUETO	
causa last. (c)	
Z PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
E	PERFORMED?
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	D, (Entar natura of injury in Part I or Part II of Item 18)
OR CONTRIBUTING CAUSE OF DEATH US (IF EITHER, NOTIFY MEDICAL EXAMINER)	
19	ACE OF INJURY (Homa, farm, * 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
Hour e.m. Whila Not Whila st work st work	iory, sites, onice brog., etc.)
	;
21. I certify that (1) (this hospital) attended the deceased from	. 3.9 m. 8 1961, to. 11.5.7.561. , 1962, that (1) (we) last
saw the deceased alive on. Mer // 1962, and that	t death occured at M, from the causes and on the date stated above.
L	
220. SIGNATURE	ATTENDING MED. STAFF SIGNED
MI O. I was	A.D. PHYS. DIRECTOR PHYS. 3-12-62
22c. PRYSICIANS	22d. ADDRESS
NAME (Mypa)	And at momentate and the option of the part and
LLOYD/A HOPFMAN M. D.	214 N POTOMAÇ ST. HAGERSTOWN MARYLAND
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Steta)
REMOVAL (Specify)	
BUREAL 3-14-62 CEDAR LAWN ME	MORIAL GARDENS HAGERSTOWN MARYLAND
24 THERAL PRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JAVA DANGER HAR HAR HAR	VI. AND DATE VAR 15'62; Cathy & Kings
SUTTER TROUZER YFUNERAL HOME HAGERSTOWN MAR	YLAND DATE YER 13 02 Colony J. Minus



1	325		MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	
. 8 e	7		03874 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH Rog. Di	ist. No.038'70
ose los	M)	1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Reside	ence before admission)
5 2			WASHINGTON MARYLAND	O MARYLAND B. COUNTY WA	SHINGTON
oge oriol			b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest fown)		give nearest town)
P. P.	30	L	HAGERSTOWN 4 YRS.	HAGERSTOWN	
b		н	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	o, IS RESIDENCE ON A FARM?
die.			250 HAGER ST.	250 HAGER ST.	YES NO
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the the			SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED	Seat harthalau)	TYEAR IF UNDER 24 HRS.
事でき			MALE WHITE WIDOWED DIVORCED	APRIL 24, 1914 47 m 10	Done Hours Min.
d 3 d 3 v 2 v 2		10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITI	IZEN OF WHAT COUNTRY?
be bro		100.0	HEET METAL WORKER REFRIGERATION	WASHINGTON CO. MD. U	S.A.
1.2 1.2 1.2 1.3 1.3	F	113	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
hou ges 5 r	(1)	<u> </u>	KENNETH C. VANCE	RETHA SHIVES	
P P P P P P P P P P P P P P P P P P P		(Y	(4s. no, or unknown) (If yes, give war or dates at service)		ERSTOWN, MI
Give .			NO NONE 217-18-7432	MRS GOLDIE VANCE 250 HAGE	R ST.
P. S. ¥			IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN
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exe th f th f onsi			T 1 O 1 DUE TO	0	
18年 18年			Conditions, if ony, which gove rise to immediate couse	le	year
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in difference of the second of		10		P-4	YES NO
s ce ipe jine		CERT.FI	20a. EXTERNAL CAUSE WAS PINARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of item 18.)	
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30 6 kg		MEDICAL	Hour o. m. While Not while fact	ACE OF INJURY (Home, form, 20f. (City or tawn) (Cou tory, street, office bldg., etc.)	inly) (State)
MIP g rh ledic		3			
E S S S S S S S S S S S S S S S S S S S			21. I certify that I took charge of the remains described about		
A No.			death resulted from: Notural causes , Accident , Sui	icide [], Homicide [], Undetermined cause []	
P P P P P P P P P P P P P P P P P P P			ACTUAL ACTUAL M. 717. 6/44	CHIEF MEDICAL EVANILIES [7]	DATE SIGNED
to the the	-	П	SIGNATURE	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	2/12/12
EPUTY the cel corded UNERAL	P 10		EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER	3/19/62
o the UNER		22	O. BURIAL, CREMATION, 226 DATE THEREOF 1226, NAME OF CEMETERY OF		(6)-1-5
0	0		REMOVAL (Specify)		(Stote)
	The K	23.	BURLAL 13/21/1962 CEDAR LAWN N	AFM GARDENS HACERSTOWN IN	ATURE
VS. A15ME(5)	Z.	1	1	//D	
5M 9/55		14	FICHMENT J GOODMA. OHDING DITCHEG P	D. DATEMAR 2 2 '62 C. C	44



RYLAND STATE DEPARTMENT OF HEALTH ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL REBIDENCE (Where deceased lived, if Institution, Residence before edmission) a. COUNTY **b.** COUNTY Washington MARYLAND Larvland Washington c. CITY OR TOWN (II outside corporate I mits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN IN write RURAL end give neerest town) Yra Hagerstown R Hagerstown R d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARME Smithsburg-Beaver Creek Rd. Smithsburg-Beaver YES Y NO 3. NAME OF DECEASED OF DEATH March (Type or print) EARNEST ELLSWORTH VANDERAU 19 5. SEX 6 COLOR OR RACE 17, MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Male WIDOWED [DIVORCED June 10a. USUAL OCCUPAT ON Give kind of work torsign country) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Greencastle Franklin Co Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adam Vanderau Largatet Phillipv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) [If yes give war or dates of service] Ethel M. Shatzer Hagerstown Md. Nο 21**9-36-4**822 Wrs 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II OTHER'S GNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16al 19. PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY [Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work D.m. 21. I certify that (I) (this hospital) attended the deceased and that death occured atM, from the causes and on the date stated above saw the deceased alive 22b. DATE 22e SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR 22c. PHYSICIAN 22d. ADDRESS NAME (Type 238. BURIAL, CREMATION , 236 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) enetery reencastle 25. REC'D BY REGISTRAY 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR MAR 2 0 '62 Hagerstown Coffman DATE

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physician

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12	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12876 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13872	
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if Institution: Residence before edmission e. COUNTY	r)
or. Page	b. COUNTY WASHINGTON D. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (if putside corporate limits, write RURAL end give neerest town)	439
is is necessal directory your Board of	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street eddress) d. STREET ADDRESS ON A FARM	17
If any de fusion of the State of death.	NAME OF DECEMBED (Type of print) A A 121 A 141	•
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Med should all call all call all call	PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO Z 206 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
KAMD. S. writing the Chie Page or to be	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. tNJURY OCCURRED Story, street, office bldg., etc.) Hour e.m. While Not White et work et work et work et work	
rtificate ed to t	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner	
MEDIC. is the cer forwards forwards forwards	CHIEF MEDICAL EXAMINER	
ute the state of t	ACTURE SIGNATURE DATE SIGNED ACTURE DEPUTY MEDICAL EXAMINER ACTURED ACTURE DEPUTY MEDICAL EXAMINER ACTURED ACTURE DEPUTY MEDICAL EXAMINER ACTURED ACTURED DATE SIGNED	
Sepurx M secule should be for PUNERAL its designate	EXAMINER'S Edward W. Ditto 111, M. D. Address (Street, city, town, or county)	2
should be stored or its d	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stote)	
VS. AISME	BURIAL MAR 12-1962 DAINPLES MANOR FEMETERY SAMPLES MANOR IND 23. FUNERAL DIRECTOR ADDRESS ADDRESS ANDRESS 240. REC'D BY REGISTRAR 24b. REG.STRAR'S SIGNATURE	_
5M 7/59	Jahr H-Bast BOONSBORO MD DATE MAR 13'62 arthur & thomas	=



- 1		MARYLAND STATE DEPARTMENT OF HEALTH	WI AND
- P		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH 038	373
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carbi		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years F UNDER TYEAR Lest birthday) Months Days	Hours Min.
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and	(I)	STEPHEN L WHIPPLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address	
пома		(Yes, no, or unknown) (Hyesgivewarordatesofservice) NO NO NO NONE MRS. ROCER WHIPPLE HAGERSTOWN MARYL	AND
or re		18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	TERVAL BETWEEN
ion,		immediate cause (a) Pheumonitis	T MILT -
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alth p		OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
. of He		20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) fectory, street, office bldg., etc.) (City or town)	(State)
Dep		21. I certify that (I) (Ners hospital) attended the deceased from. E. 5 2. 5, 1962. 10. M. T.,, 1962.	
State		saw the deceased alive on . M.S. T.C.L. 9 19 62 and that death occurred at 1.05 M, from the causes and on the discourse of the causes are caused to the causes of the causes are caused to the causes of the causes of the causes of the causes of the cause of the causes of the causes of the cause of the causes of the cause of	ate stated above
ith the	,	ATTENDING MED. STAFF PHYS. 22c. PHYSICIAN STAFF 22d. ADDRESS ATTENDING MED. PHYS. 3-1	2-62 SIGNED
ed w	- 1	LLOYD A HOFFMAN M. D. 214 N POTOMAC ST. HAGERSTOWN M	
be fill		236. BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
(4)	75	BURIAL 3-13-62 ROSE HILL MAUSOLEUM HACERSTOWN MARYLAND 24 AUGAS DIACTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNA	TURE
61	IJ.	SUTER-HOUZER FUNERAL HOME HAGERSTOWN MARYLAND DATE MAR 1 5 '62 Ch 'an A. Fin	ud =
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY necessary, actor. Page our files. b. COUNTY Washington Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL end give negrest town Haperstown Maryland 3 WKS.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Hancock Maryland d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X State .Main St. Western Marykand Hospita Month DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OF INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Housewife Cumberland Maryland U.S.A. Housewife pages 1 Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME permit, File p 5. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT

(Yes, no, or unknown) | Ulfyesgivewerordelesofservices | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (if yes give war or dates of service) Heller W. Main St. Hancock Md. Myrtle INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause (a), stating the underlying atheros clerkins cause last. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CATION PERFORMED? terioscleros NO 4 pino CERTIFI 20 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING etting out or car, she fell on street fracturing CAUSE OF DEATH. knee. 11:00 12/24/61 while Not While Operating of Indian Street 20f. (City or town) (County) (State) Off Stient office bldg., etc.) Hour a.m. Hancock. Washington, Md. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL its designate SIGNATURE execut Id be DEPUTY MEDICAL EXAMINER 3 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 Green Mount Burial Cumberland Allegany 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS DATE MAR 9 62 arthur & House 5M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPE-1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) is net.
director. P.
your files. e. COUNTY e. STATE b. COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town! Board HACERSTOWN 12 DAYS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) RURAL HAGERSTOWN d. STREET ADDRESS m. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL ROUTE # L YES NO TE NAME OF First Middle 4. DATE Month Dev Yeer DECEASED OF (Type or print) DEATH 20 MARCH 19 62 ANNTH MAR GARET ZIMMERMAN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR LIF UNDER 24 HRS. ** lest birthdey) THE X WIDOWED T DIVORCED FEMALE 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE U.S.A. WASHINGTON MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH NISWANDER ELIZABETH WHITMER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) HAROLD CLEAR SPRING MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUF TO** Conditions, if any, which (b) geve rise to immediate couse DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY ERFORMED? 3 pluods 200. EXTERNAL CAUSE WAS CERTIFI 20b. DESCRIBE HOW INJURY OCCURED. (Enterpreture of injury in Part I or Part II of CAUSE OF DEATH 20d. INJURY OCCURRED | 20s. PLACE OF INJURY, Home, Barr 20c. TIME OF INJURY Month, Dey, Year 20f. (City or Not While MEDI at work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion à DIRECT death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER forwar the ACTUAL ASSISTANT MEDICAL EXAMINER T SIGNATURE. FUNERAL 136 POTOMAC STREET DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) D HAGERSTOWN MARYLAND Howard N Weeks Address (Street, city, town, or county) DEPL 22a, BURIAL, CREMATION. 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 성 BURTAL. ROSE HILL CEMETERY HAGERSTOWN MARYL AND 23 FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE MAR 3 0 '62 Collins & Kraus HOME HAGERSTOWN MARYLAND

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